

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90190 033 \*\*\*\*50.00

**20009668**



01212005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L00000013592</b> 1. Entity Name <b>R.D. MARINA, LLC</b>					
Principal Place of Business <b>102 RIVIERA DUNES WAY PALMETTO, FL 34221</b>			Mailing Address <b>C/O MIKE CARTER I INC 417 12TH ST W SUITE 200 BRADENTON, FL 34205</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. <b>203</b>			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-1052831</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>WALKER, ADRON H 3119 MANATEE AVE W BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CARTER, MICHAEL M 417 12TH ST W SUITE 200 BRADENTON, FL 34205</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>417-12th ST. W. Suite 203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Jinda A Walker</i>			Date: <b>2/8/05</b> Daytime Phone #: <b>941 749-5875</b>		