

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000014003

1. Entity Name
BLIND PASS MARINA ENTERPRISES, L.L.C.



Principal Place of Business
NINE THIRD STREET NORTH, STE. 209
ST. PETERSBURG, FL 33701

Mailing Address
NINE THIRD STREET NORTH, STE. 209
ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE



02232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3683514

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOBELIS, ALGIROAS M
9-THIRD STREET NORTH, SUITE 209
ST PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOBELIS, ALGIRDAS M NINE THIRD STREET NORTH, STE. 209 ST. PETERSBURG, FL 33701
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03/15/06-80060-009 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Algirdas M. Bobelis Algirdas M. Bobelis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/2006
Date

727-822-5597
Daytime Phone #