

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014003 1. Entity Name BLIND PASS MARINA ENTERPRISES, L.L.C.	
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Principal Place of Business NINE THIRD ST. N. ST. PETERSBURG, FL 33701	Mailing Address NINE THIRD ST. N. ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3683514	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOBELIS, ALGIRDAS M NINE THIRD ST. N. ST PETERSBURG, FL 33701	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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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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 1/5/2007 727-822-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #