

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014003

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

**Entity Name:** BLIND PASS MARINA ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

NINE THIRD ST. N.  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

NINE THIRD ST. N.  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 59-3683514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOBELIS, ALGIRDAS M  
NINE THIRD ST. N.  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOBELIS, ALGIRDAS M  
Address: NINE THIRD STREET NORTH, STE. 209  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date