

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015335

1. Entity Name
STUART CAY MARINA, LLC



Principal Place of Business
**290 NO. DIXIE HWY
STUART, FL 34994**

Mailing Address
**290 NO. DIXIE HWY
STUART, FL 34994**



02182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6359229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIED, MARK E
1110 BRICKELL AVE., STE. 700
MIAMI, FL 33131**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000321581
04/21/05-80085-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	KROGEN, KURT M
STREET ADDRESS	290 NO. DIXIE HWY
CITY-ST-ZIP	STUART, FL 34994
TITLE	MEM
NAME	STRAUS, JUDD B
STREET ADDRESS	885 NE STOKES TERRACE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	MGRM
NAME	BUTTON, THOMAS
STREET ADDRESS	883 SE ROULETTE LANE
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-19-05 772-200-2185