


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000001390 |  |
| 1. Entity Name CARIBBEAN JACK'S MARINA, LLC | |

| | |
|--|--|
| Principal Place of Business 10 COMPASS ROAD FT. LAUDERDALE FL 33308 | Mailing Address 10 COMPASS ROAD FT. LAUDERDALE FL 33308 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|


MOORE CR2E083 (11/03)

| | |
|------------------------------------|---|
| 4. FEI Number 65-1086576 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent LYONNAIS, DANIEL 10 COMPASS RD FT LAUDERDALE FL 33308 |
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|---|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|-------------|

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|--|
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 |
|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE PT | <input type="checkbox"/> Delete |
| NAME DANIEL, LYONNAIS | |
| STREET ADDRESS 10 COMASS RD | |
| CITY - ST - ZIP DAYTONA BEACH FL 32114 | |
| TITLE VS | <input type="checkbox"/> Delete |
| NAME DEBRA ANN, LYONNAIS | |
| STREET ADDRESS 10 COMPASS RD | |
| CITY - ST - ZIP DAYTONA BEACH FL 32114 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 10. ADDITIONS/CHANGES | |
|------------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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:  | 2/19/04 | 386-523-3100 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |
| Date Daytime Phone # | | |