
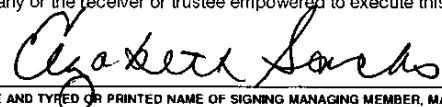


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90593 005 ****50.00

| | | | |
|---|--|---|---|
| DOCUMENT # L01000001894 | |  | |
| 1. Entity Name PORTSIDE MARINE OF KEY LARGO, L.L.C. | | | |
| Principal Place of Business 95100 OVERSEAS HIGHWAY KEY LARGO FL 33037 | | Mailing Address 95100 OVERSEAS HIGHWAY KEY LARGO FL 33037 | |
| 2. Principal Place of Business 45100 Overseas hwy | | 3. Mailing Address Same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Key Largo, FL | | City & State | |
| Zip 33037 | Country Monroe | Zip | Country |
| 6. Name and Address of Current Registered Agent GOSNEY, ROBERT ALAN 95100 OVERSEAS HIGHWAY KEY LARGO FL 33037 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GOSNEY, ROBERT ALAN 95100 OVERSEAS HIGHWAY KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SACHS, ELIZABETH L 95100 OVERSEAS HIGHWAY KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KLOTHKIS, MARK G 95100 OVERSEAS HIGHWAY KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | 3/18/05 305 853-9300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |