

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003969

1. Entity Name

MONTEREY INN & MARINA, LLC



Principal Place of Business

300 S.W. MONTEREY RD.
STUART FL 34994

Mailing Address

300 S.W. MONTEREY RD.
STUART FL 34994

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

65-1088866

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTON, MICHAEL D ESQ.
1903 SOUTH 25TH STREET, SUITE 200
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name

SAME

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS SABIN, CHARLIE H IV
CITY-ST-ZIP 182 S.E. HARBOR POINT DR.
STUART FL 34996

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

SAME

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000059226
02/20/04-80073-002 55.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Delores Sullivan* Delores Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/04
Date

772-283 3500
Daytime Phone #