

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003969

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: MONTEREY INN & MARINA, LLC

## Current Principal Place of Business:

300 S.W. MONTEREY RD.  
STUART, FL 34994

## New Principal Place of Business:

1000 SE MONTEREY COMMONS BLVD.  
SUITE 302  
STUART, FL 34996

## Current Mailing Address:

300 S.W. MONTEREY RD.  
STUART, FL 34994

## New Mailing Address:

1000 SE MONTEREY COMMONS BLVD.  
SUITE 302  
STUART, FL 34996

FEI Number: 65-1088866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 US

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: MICHAEL D. MINTON, VP OF MEMBER

03/16/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SABIN, CHARLIE H IV  
Address: 182 S.E. HARBOR POINT DR.  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SABIN, CHARLIE H IV  
Address: 1000 SE MONTEREY COMMONS BLVD.  
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES H. SABIN, IV

MGR

03/16/2004

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