2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004373

t. Entity Name FLAGLER MARINE CENTER, LLC

Principal Place of Business

400 ROBERTS ROAD FLAGLER BEACH, FL 32136 Mailing Address

400 ROBERTS ROAD FLAGLER BEACH, FL 32136

FILED Mar 11, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC __ CR2

- CR2E083 (10/03)

4. FEI Number 59-3753673

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MILLION, ROBERT B 400 ROBERTS ROAD FLAGLER BEACH, FL 32136

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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, 2004		U00000085250 03/11/04-80040-010 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-Z/P	MGR MILLION, ROBERT B 400 ROBERTS ROAD FLAGLER BEACH, FL 32136	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE IN THIS SPACE
RITLE NAME STREET ADDRESS CRY-SY-ZIP		
THTLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
THILE NAME STREET ADDRESS CHY-ST-ZIP		
11. I hereby certify that the information supplied with this filling 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		