2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# L01000006156

Entity Name: ISLES OF CAPRI MARINA, LLC

Current Principal Place of Business:

292 ISLES OF CAPRI BLVD
ISLES OF CAPRI, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

292 ISLES OF CAPRI BLVD
ISLES OF CAPRI, FL 34113 US

New Mailing Address:

P.O. BOX 1819
MARCO ISLAND, FL 34146 US

FEI Number: 22-3797292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CODMAN, CHARLES B
919 SOUTH JOY CIRCLE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	CODMAN, CHARLES B	
Address:	919 SOUTH JOY CIRCLE	
City-St-Zip:	MARCO ISLAND, FL 34145 US	
Title:	MGR	( ) Delete
Name:	CODMAN, DONNA K	
Address:	919 SOUTH JOY CIRCLE	
City-St-Zip:	MARCO ISLAND, FL 34145 US	
Title:	MGR	( ) Delete
Name:	PAOLINI, MICHAEL B	
Address:	919 SOUTH JOY CIRCLE	
City-St-Zip:	MARCO ISLAND, FL 34145 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DONNA K. CODMAN MGR 04/30/2003

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