

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006894

FILED
Jul 02, 2004
Secretary of State

Entity Name: DOCKSIDE MARINE PRODUCTS, LLC

Current Principal Place of Business:

1265 OLD STICKNEY POINT ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

1265 OLD STICKNEY POINT ROAD
SARASOTA, FL 34242

New Mailing Address:

2020 CONSTITUTION BLVD
SARASOTA, FL 34231

FEI Number: 65-1098992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND & KNIGHT LLP
1001 3RD AVENUE WEST
SUITE 600
BRADENTON, FL 34205 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: MGRM () Delete
Name: GUTSHALL, LAU
Address: 1265 OLD STICKNEY PT RD
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: SCHWARZ, JACK
Address: 1265 OLD STICKNEY PT RD
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: SCHWARZ, JEFF
Address: 1265 OLD STICKNEY PT RD
City-St-Zip: SARASOTA, FL 34242

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: LAU GUTSHALL

MGRM

07/02/2004

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