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2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # L01000014820				04-30-2002 90015 023 ****50.00				
SEASHORE MARINA LLC	1							
Principal Place of Business	Mailing Address				v a	42 8 3 √9		
595 STAR STONE DR. LAKE MARY FL 32748	596 STAR STONE DR. LAKE MARY FL 32746				οv	364		
ļ.							1041	
2. Principal Place of Business	3Mailing Address							$f \circ f$
Suite, Apt. #, etc.	Suite, Apt. #, etc.	n. #, etc.		Not APPL - Por LES 5/11/2				
City & State	City & State	City & State		lumber TAX Home	162		oplied For ot Applicable	7 9
Zip Country	Zip	Country	5. Certi	ficate of Status Desired		55.00 Ad ee Require		
6. Name and Address of Current F	Registered Agent	Name	7. Nam	e and Address of New Re	gistered A	gent		
KRUG, THOMAS 595 STAR STONE DR.			s (P.O. Box I	lumber is Not Acceptable)				-
LAKE MARY FL 32746								7
	•	City			FL	Zip Cod	е	1
8. The above named entity submits this statement for	the purpose of changing its re	egistered office or regist	tered agent,	or both, in the State of Flor	ida.	1		7
SIGNATURE	nd title if applicable. (NOTE:	Registered Agent signature requi	red when reinstat	ng)	DATE			
	Make Check Pay	W!!! FEE IS \$50.00 able to Department By May 1, 2002		4				
9. MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/C	HANGES			┪_
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CITY-ST-ZIP 11. I hereby certify that the information supplied with the indicated on this report is true and accurate and its	his filling does not qualify for the	CITY-ST-ZIP	Section 119.0	7(3)(i), Florida Statutes. I fu	urther certify	that the in	formation	

11. I neroby certify that the information supplied with this filling does not quality for the exemption stated in Security 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: SAMATURE TEOLURE

MINISTER MANAGER, OR AUTHORIZED REPRESENTATIVE

1/1/02 467-332-7574 Date Deytime Prone 0