2003
2002 UNIFORM BUSINESS REPORT (UBR)

05-22-02 90219 011 $50.00
01-06-2003 90131 010 ****50.00
L01000015475

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 11 AM 10:47

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000015475

1. Entity Name
SNAKE CREEK MARINA LLC

Principal Place of Business	Mailing Address
85401 OLD HIGHWAY ISLAMORADA FL 33036	85401 OLD HIGHWAY ISLAMORADA FL 33036

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1139123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LA MORTE, VICTOR
85401 OLD HIGHWAY
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name John Clark
Street Address (P.O. Box Number is Not Acceptable) 85401 Old Highway
City Islamorada FL Zip Code 33036

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 X ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAMORTE, VICTOR 85401 OLD HIGHWAY ISLAMORADA FL 33036	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLARK, JOHN 85401 OLD HIGHWAY ISLAMORADA FL 33036	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #