2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017564

1. Entity Name
FLOATING DOCKS/GREECE, LLC

Principal Place of Business	Mailing Address
310 ROYAL PALM WAY PALM BEACH, FL 33480	310 ROYAL PALM WAY PALM BEACH, FL 33480

04132004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1148580
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, ROBERT W
310 ROYAL PALM WAY
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 Robert W. Raymond 4/12/04
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

U00000114287
04/15/04-80044-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAYMOND, ROBERT W
STREET ADDRESS	310 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGRM
NAME	MELITAS, DIONISSIOS
STREET ADDRESS	B14 MARINA ZEA
CITY-ST-ZIP	PIRAEUS, GREECE, 185-3
TITLE	S
NAME	POLLARD, IAN
STREET ADDRESS	B14 MARINA ZEA
CITY-ST-ZIP	ATHENS, GREECE, 185-3
TITLE	T
NAME	RAYMOND, DIANE M
STREET ADDRESS	310 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert W. Raymond 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #