

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90025 049 \*\*\*\*\*50.00

DOCUMENT # L01000018336

1. Entity Name

FLORIDA MARINE DEVELOPERS, L.L.C.



Principal Place of Business

2435 U.S. HIGHWAY 19, SUITE 350  
HOLIDAY FL 34691

Mailing Address

2435 U.S. HIGHWAY 19, SUITE 350  
HOLIDAY FL 34691

2. Principal Place of Business

2550 Permit Place

Suite, Apt. #, etc.

3. Mailing Address

2550 Permit Place

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34655

Country

USA

Zip

34655

Country

USA

4. FEI Number

59-3756062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRILL, JAMES B  
2435 U.S. HIGHWAY 19, SUITE 350  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2550 Permit Place

City

New Port Richey

FL

Zip Code

34655

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

James B. Harrill

4/7/05

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HARRILL, DONALD L  
STREET ADDRESS 670 ISLAND WAY #305  
CITY-ST-ZIP CLEARWATER FL 33767

TITLE MGRM ☐ Delete  
NAME FIGURSKI, GERALD A  
STREET ADDRESS 2435 U.S. HWY 19, STE 350  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE MGRM ☐ Delete  
NAME HARRILL, JAMES B  
STREET ADDRESS 2435 US HWY 19 STE 350  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9805 Willows Road  
CITY-ST-ZIP Redmond, WA 98052

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2550 Permit Place  
CITY-ST-ZIP New Port Richey, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2550 Permit Place  
CITY-ST-ZIP New Port Richey, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Gerald A. Figurski, Mgr.*

4/7/05 727-942033