2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018380

1. Entity Name

CHICO MARINA, LLC

Principal Place of Business	Mailing Address
320 WEST LEE ST. PENSACOLA FL 32501	320 WEST LEE ST. PENSACOLA FL 32501

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

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3753736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN, ROBERT H JR.
320 WEST LEE ST.
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ________________________________ 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 Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	T	☐ Delete
NAME	KAHN, ROBERT H JR	
STREET ADDRESS	320 WEST LEE STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	☐ Delete
NAME	GALLOWAY, DOROTHY KAHN	
STREET ADDRESS	320 WEST LEE STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	000000401318	
CITY-ST-ZIP	02/02/06--80038-010 50.00	
TITLE		☐ Change ☐ Addition
NAME		
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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 exemptions contained in Section 119, 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: Dorothy Kahn Galloway 1.23.06 850 469-1462