

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001796

Entity Name: APALACHEE MARINERS, LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

234 HARBOUR POINT DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

234 HARBOUR POINT DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

3312 WEST LAKESHORE DRIVE
TALLAHASSEE, FL 32312

FEI Number: 04-3590160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, KINGSLEY R
234 HARBOUR POINT DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

ROSS, KINGSLEY R
234 HARBOUR POINT DRIVE
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: KINGSLEY R. ROSS

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSS, KINGSLEY R
Address: 234 HARBOUR PT DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: DEPEW, HENRY
Address: 3312 WEST LAKE SHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DEPEW, HENRY
Address: 3312 WEST LAKESHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. HENRY DEPEW

MR.

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date