

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90025 022 ****50.00

DOCUMENT # L02000003864

1. Entity Name
MARINERS LANDING, LLC



Principal Place of Business
**102 S. JAMES AVE. (U.S. HWY. 98)
CARRABELLE, FL 32322**

Mailing Address
**P.O. BOX 815
CARRABELLE, FL 32322**

24040010



DO NOT WRITE IN THIS SPACE

03292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 99-1004235 51-0464936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LINDSEY, WM. SCOTT
C/O BOYD, LINDSEY & SLIGER, P.A.
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32309**

**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 _____
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAWHON, MARY E P.O. BOX 815 CARRABELLE, FL 32322
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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: Mary Lawhon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-04 850-697-9505
Date Daytime Phone #