


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003864 1. Entity Name MARINERS LANDING, LLC	
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Principal Place of Business 102 S. JAMES AVE. (U.S. HWY. 98) CARRABELLE, FL 32322	Mailing Address P.O. BOX 815 CARRABELLE, FL 32322
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02112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0202577	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
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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 restarting) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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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02/12/05-80059-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E Lawhon* **2-11-05 - 850 697-9505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #