

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90429 033 \*\*\*\*50.00

**DOCUMENT # L02000009421**



1. Entity Name  
**EVERGLADES OUTPOST RESORT AND MARINA, LLC**

Principal Place of Business  
**2950 TAMiami TRAIL N.  
SUITE 16  
NAPLES, FL 34103**

Mailing Address  
**2950 TAMiami TRAIL N.  
SUITE 16  
NAPLES, FL 34103**

62060010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-0004869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, PAUL A  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name **Athina Kyritsis**  
Street Address (P.O. Box Number is Not Acceptable)

**2950 Tamiami Trail N. Ste 16**

City **Naples**

**FL**

Zip Code  
**34103**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **KYRITSIS, ATHINA**  
CITY-ST-ZIP **9240 BONITA BCH RD 2206  
BONITA SPRINGS, FL 34135**

TITLE  
NAME **MGRM** ☒ Change ☐ Addition  
STREET ADDRESS **Kyritsis, Athina**  
CITY-ST-ZIP **2950 Tamiami Trail N. Ste 16  
Naples, FL 34103**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **MGRM** ☐ Change ☒ Addition  
STREET ADDRESS **Zannos Grekos**  
CITY-ST-ZIP **2950 Tamiami Trail N. Ste 16  
Naples, FL 34103**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 #