

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

FILED
05 JUN 16 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 17 2005



04012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

KYRITSIS, ATHINA
2950 TAMiami TRAIL N STE 16
NAPLES, FL 34103

**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, 2005**

000054306570
05/12/05--01007--001 **262.50

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KYRITSIS, ATHINA
2950 TAMiami TRAIL N STE 16
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREKOS, ZANNOS
2950 TAMiami TRAIL N STE 16
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000054306570
06/21/05--01045--015 **10.00

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IN THIS SPACE**

11. I hereby certify that the information supplied was not qualified 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, OR AUTHORIZED REPRESENTATIVE

5 April 2005

2396494805

Date

Daytime Phone #