

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014408

Entity Name: SANIBEL SCUBA, LLC

FILED
Jan 20, 2004
Secretary of State

Current Principal Place of Business:

15241 SONOMA DR
#302
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15241 SONOMA DR
#302
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 04-2688498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPROTTE, RUSSELL
15241 SONOMA DRIVE
#302
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SPROTTE, RUSSELL
Address: 15241 SONOMA DR #302
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: SPROTTE, DOUGLAS
Address: 16100 BAY POINT BLVD #E105
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGRM () Delete
Name: SHIN-SPROTTE, TAMMY
Address: 15241 SONOMA DR #1302
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SPROTTE, DOUGLAS
Address: 17167 ACAPULCO ROAD
City-St-Zip: PUNTA GORDA, FL 33955

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUSSELL SPROTTE

MGRM

01/20/2004

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