


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000029152</b>			
1. Entity Name <b>OLDE FISH HOUSE MARINA, LLC</b>			
Principal Place of Business <b>4530 PINE ISLAND ROAD MATLACHA FL 33993</b>		Mailing Address <b>4530 PINE ISLAND ROAD MATLACHA FL 33993</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc <i>N/A</i>		Suite, Apt. #, etc <i>N/A</i>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SKORUPSKI, JOHN M 4830 PINE ISLAND ROAD MATLACHA FL 33993</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> City <b>FL</b> Zip Code	
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...			
SIGNATURE: <i>John Skorupski</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>2/4/04</i>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			



MOORE CR2E083 (11/03)

4. FEI Number <b>01-0754242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SKORUPSKI, JOHN M</b> <b>4830 PINE ISLAND RD.</b> <b>MATLACHA FL 33993</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02/06/04-80125-006 50.00

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:** *John Skorupski* **JOHN SKORUPSKI** *2/4/04* **239 282 9577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #