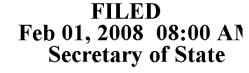
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 DOCUMENT # L02000029152 1. Entity Name OLDE FISH HOUSE MARINA, LLC



Daytima Priorio #

| | | | | | _] | | | | |
|--|--|--|-----------------------|---|--------------------|---------------------------------------|-------------------------------|-----------------------|--------------------------------|
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 4530 PINE.I MATLACHA | SLAND ROAD | 4530 PINE ISLAND R MATLACHA FL 3399 | | | | | | | 3 |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | - 11 | |
| Suite, Apt, #, etc. | | Suite, Apt. #, etc. | | 1 | st MOORE | CR2E083 | (10/07) | • | |
| City & State | | City & State | | | 4. FEI Num | 01-075424 | 2 | | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 5. Certifica | te of Status Desired | | 5.00 A | Additional uired |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name ar | nd Address of New | Registered Ag | gent | |
| | | | ١ | lame | | | | | |
| 453 | DRUPSKI, JOHN M O PINE ISLAND ROAD FLACHA FL 33993 | | 5 | Street Address | (P.O. Box Num | ber is Not Acceptab | ıe) | | |
| IVIA | ILACHA FL 33553 | | | | | | | | |
| | | | | City | | · · · · · · · · · · · · · · · · · · · | FL | Zip C | ode |
| | named entity submitts this statement for ions of registered agent. Eignatus, typed or somed name of tog stered agent. | MO slore, que l'aris cre | OTE Registorati Ayı | ១៧ ទ ជួ ដោយ៧ ខេត្តបាច | d whon rematating) | ooth, in the State of F | lorida. I am fa | miliar wi | th, and accept |
| | | FILE N | IOW!!! FEE | IS \$138.75 Will Be \$53 | | | | | |
| | | Make Check Paya | ble to Florid | la Departme | ent of State | | | | 11 · • |
| 9. | MANAGING MEMBI | ERS/MANAGERS | 10. | | | ADDITIONS | CHANGES | | |
| TITLE | P | ☐ Deleta | TITLE | | | | | Chang | ge 🔲 Addition |
| NAME | SHORUPSKI, JOHN M | | NAME | | | HOOGOO | 011150 | | |
| STREET ADDRESS | 4530 PINE ISLAND RD. | | STREET AL | | | U000000 -02/11/08 | <u> </u> | 7 100 | 0 75 |
| CITY-ST-ZIP | MATLACHA FL 33993 | | CITY+ST- | ZiP | | 02/11/00 | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | Chang | ge 🔲 Addition |
| STREET ADDRESS | | | STREET AL | DORESS | | | | | |
| CITY-ST-ZIP | | | CITY+ST- | | | | | | |
| T: ILE | | ☐ Delete | TITLE | *************************************** | | | | Chang | ne 🗍 Addition |
| NAME | | | NAME | | | | | _ • | _ |
| STREET ADDRESS | | | STREET AL | | | | | | |
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| NAME CARCEL ADDRESS | • | | NAME | no by twy | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET AL CITY-ST- | | | | | | |
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| TITLE NAME | | Delete | TITLE NAME | | | | | Chang | ge 🔲 Addition |
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| NAME | | | NAME | | | | | _ 0 | |
| STREET ADDRESS | | | STREET A | CORESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST- | ZiP | | | | | |
| indicated | certify that the information supplied will on this report is true and accurate an ability company or the receiver or trust | d that my signature shall ha | ave the same t | legal effect as | if made under | oath: that I am a m- | I further certifianaging memi | y that th per or m | e information anager of the |
| | , and present the first control on black | | | .,, -, -, -, -, -, -, -, -, -, -, -, -, | | | | | |