2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 15, 2007 8:00 am Secretary of State DOCUMENT # L02000030341 1. Entity Namo 02-15-2007 90277 044 \*\*\*\*50.00 ZANE GREY CREEK MARINA, LLC Principal Place of Business Mailing Address 68500 OVERSEAS HIGHWAY P.O. BOX 819 LONG KEY FL 33001 LAYTON FL 33001 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 02-0651426 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 6ARY SPERL, GARY L (P.O. Box Number is Not Acceptable) 403 PALM DRIVE ISLAMORADA FL 33036 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. GARY L. SPERL (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE mr MGR ☐ Delete Change ■ Addition NAME SPERL, GARY L NAM STREET ADDRESS STREET ADDRESS 68500 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP LAYTON FL 33001 IIILE ☐ Delete Change Addition NAME NAM! STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP UHE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 702 CHY-ST-ZIP TITLE Delete HILE ☐ Change ■ Addition NAMi NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP ☐ Delete BILE ☐ Change □ Addition NAME NAML STREET ADDRESS STREET ADDR€SS CITY-SI-ZIP CHY-ST-ZiP HILE ☐ Defete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Cel GARY L. Sperl

2-7-07

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