

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90110 040 \*\*\*\*50.00

**DOCUMENT # L02000030773**

1. Entity Name

H & L MARINE DEVELOPERS LLC



Principal Place of Business

11 CASTLE HILL WAY  
SEWALL'S POINT FL 34996  
US

Mailing Address

11 CASTLE HILL WAY  
SEWALL'S POINT FL 34996  
US

24004014



MOORE CR2E083 (11/03)

2. Principal Place of Business

3130 SE GRAW PARKWAY

3. Mailing Address

3130 SE GRAW PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

55-0806111

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELLRIEGEL, PHILIP L  
11 CASTLE HILL WAY  
SEWALL'S POINT FL 34996

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HELLRIEBER, PHILIP L HELLRIEGEL, PHILIP L  
STREET ADDRESS 11 CASTLE HILL WAY  
CITY-ST-ZIP SEWALL'S POINT FL 34996

TITLE MGR ☐ Delete  
NAME LANG, ELIZABETH A  
STREET ADDRESS 117 HILLOREST DR 4577 SE WATERFORD DR  
CITY-ST-ZIP STUART FL 34996 STUART FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS CORRECT  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS CORRECT  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PHILIP L. HELLRIEGEL 1-22-04 772-419-0280