

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-12-2004 90226 023 *****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

3/1

DOCUMENT # L03000000268

1. Entity Name
DROP ANCHOR RESORT & MARINA, LLC

Principal Place of Business
84959 OVERSEAS HIGHWAY
ISLAMORADA FL 33036
US

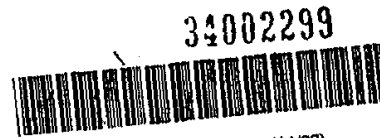
Mailing Address
P. O. BOX 222
ISLAMORADA FL 33036
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country



MOORE CR2E083 (11/03)

4. FEL Number
27-0040297

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KURUTZ, STEPHEN F
84959 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

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.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
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10.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

03/05/04 305-922-4075
Date Daytime Phone