

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-16-2004 90410 008 ****55.00

DOCUMENT # L03000003878					
1. Entity Name WATERSTREET MARINA OF APALACHICOLA, LLC					
Principal Place of Business 17 1/2 AVENUE E APALACHICOLA, FL 32320			Mailing Address 17 1/2 AVENUE E APALACHICOLA, FL 32320		
2. Principal Place of Business 329 WATER ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 329 WATER ST <small>Suite, Apt. #, etc.</small>			
City & State APALACHICOLA FL <small>Zip Country</small> 32320		City & State APALACHICOLA FL <small>Zip Country</small> 32320		4. FEI Number 59-3765085 <small>Applied For Not Applicable</small>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04132004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent PHIPPS, SELENA 17 1/2 AVENUE E APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 329 WATER ST City APALACHICOLA FL Zip Code 32320		
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 <u>Selena Phipps</u> DATE <u>4/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CURT BLAIR <input checked="" type="checkbox"/> MANAGING MEMBER 184 AVE E. APALACHICOLA FL 32320			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM CRONA <input checked="" type="checkbox"/> MANAGING MEMBER 220 LEE AVE TALLAHASSEE FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS POPE <input checked="" type="checkbox"/> MANAGING MEMBER 610 WHITE ST KEY WEST FL 33040			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM CHILDERS <input checked="" type="checkbox"/> MANAGING MEMBER 2241 ARMISTEAD TALLAHASSEE FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.					
SIGNATURE: <u>Selena Phipps</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>4/13/04</u> DAYTIME PHONE # <u>850-453-8801</u>	