

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003878

FILED
Apr 20, 2006
Secretary of State

Entity Name: WATERSTREET MARINA OF APALACHICOLA, LLC

Current Principal Place of Business:

329 WATER ST
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

329 WATER ST
APALACHICOLA, FL 32320

New Mailing Address:

PO BOX 729
APALACHICOLA, FL 32320

FEI Number: 59-3765085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, KIM
329 WATER ST
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

KELLER, KIM
17 1/2 AVE E
APALACHICOLA, FL 32320 US

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.

SIGNATURE: KIM KELLER

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLAIR, CURT
Address: 184 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM () Delete
Name: CRONA, WILLISM
Address: 220 LEE AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Delete
Name: POPE, THOMAS
Address: 610 WHITE ST
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Delete
Name: CHILDERS, WILLIAM
Address: 2241 ARMISTEAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BLAIR, BETH
Address: 184 AVE E
City-St-Zip: APALACHICOLA, FL 32320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CURT BLAIR

MGRM

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date