

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000009850**

1. Entity Name  
**MCMILLAN MARINA, LLC**



Principal Place of Business  
**344 BROOKS STREET  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**344 BROOKS STREET  
FORT WALTON BEACH, FL 32548**



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1878343**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSSI, DANIEL P  
344 BROOKS STREET  
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSI, DANIEL P 344 BROOKS STREET FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, MARY A 344 BROOKS STREET FORT WALTON BEACH, FL 32548
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02/24/06-80035-014 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

*[Handwritten signatures and dates]*