FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90119 034 ****50.00

5/3/20

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34008186

03092004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000010843

1. Entity Name
REEL NAUTI IN PARADISE, LLC

Principal Place of Business	Mailing Address
1300 COCO PLUM DRIVE MARATHON, FL 33050	1300 COCO PLUM DRIVE MARATHON, FL 33050

2. Principal Place of Business	3. Mailing Address
1300 Coco Plum Dr	1300 Coco Plum Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Marathon, Fl.	City & State: Marathon, FL
Zip: 33050 Country:	Zip: 33050 Country: Monroe

4. FEI Number: 51-0458468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOTARANTONIO, FRED
1300 COCO PLUM DRIVE
MARATHON, FL 33050

7. Name and Address of New Registered Agent

Name: N/A

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 ______ 5/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MANAGING MEMBER FRED NOTARANTONIO 1300 COCO PLUM DR MARATHON, FL 33050 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Fred Notarantonio 3-16-04 3057434..
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #