


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90361 011 ****50.00

DOCUMENT # L03000012352

1. Entity Name
THE ESTUARY, LLC



Principal Place of Business
**5399 E. COUNTY HWY. 30-A, STE. 105
 SEAGROVE, FL 32459**

Mailing Address
**PO BOX 190
 SEAGROVE BEACH, FL 32459**

2. Principal Place of Business
5399 E COUNTY HWY30-A #190

3. Mailing Address
SAME

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
SEAGROVE BEACH, FL


City & State
SAME

Zip
32459

Country
USA

Zip
SAME

Country
SAME



04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
33-1061910

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WATSON, FRANKLIN H PA
 5399 E. COUNTY HWY. 30-A, STE. 105
 SEAGROVE, FL 32459**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

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	MGR BARTON, PETER J 5399 E. COUNTY HWY. 30-A, STE. 105 SEAGROVE, FL 32459 <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
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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 609, Florida Statutes.

SIGNATURE: Peter J. Barton **4-20-04** **850-231-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #