


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000014236 1. Entity Name SABINE MARINA ASSOCIATES, L.L.C.	
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Principal Place of Business 216 E. GOVERNMENT ST. PENSACOLA, FL 32501	Mailing Address 216 E. GOVERNMENT ST. PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



01162006Na Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2208212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EMERSON, M.H. 216 E. GOVERNMENT ST. PENSACOLA, FL 32501

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMERSON, M.H. 216 GOV., ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, GREG 216 GOV., ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, JERRY 216 GOV., ST. PENSACOLA, FL 32501
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IN THIS SPACE**

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03/02/06-80001-013 50.00

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.

SIGNATURE: M.H. Emerson **M.H. EMERSON** **2/15/06 850-916-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #