

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000014236

1. Entity Name
SABINE MARINA ASSOCIATES, L.L.C.



Principal Place of Business
**216 E. GOVERNMENT ST.
PENSACOLA, FL 32501**

Mailing Address
**216 E. GOVERNMENT ST.
PENSACOLA, FL 32501**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2208212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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, 2007**

U000000706629
04/24/07 80040 010 50.00

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/07

Date

850-916-9100

Daytime Phone #