

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 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**



01042008No Chg-LLC

CR2E083 (12/07)

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000872033  
04/10/08-80022-005 138.75

**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:**

*MH Emerson*

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

**3/20/08**

Date

**850-916-9100**

Daytime Phone #