

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90163 034 ****50.00

DOCUMENT # L03000018013

1. Entity Name

PALM ISLAND MARINA, LLC



Principal Place of Business

7092 PLACIDA ROAD
CAPE HAZE FL 33946

Mailing Address

7092 PLACIDA ROAD
CAPE HAZE FL 33946

2. Principal Place of Business

7080 PLACIDA RD

Suite, Apt. #, etc.

3. Mailing Address

7080 PLACIDA RD

Suite, Apt. #, etc.

City & State

CAPE HAZE

City & State

FLORIDA

Zip

33946

Country

CHARLOTTE

Zip

33946

Country

CHARLOTTE

4. FEI Number

37-1467002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKSTEAD, DEAN
7092 PLACIDA ROAD
CAPE HAZE FL 33946

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BECKSTEAD, DEAN
STREET ADDRESS 7092 PLACIDA ROAD
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE MGR ☐ Delete
NAME LYNCH, W. TERRY
STREET ADDRESS 7092 PLACIDA ROAD
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

W. TERRY LYNCH

2/10/05

20011117



1st MOORE

CR2E083 (10/04)