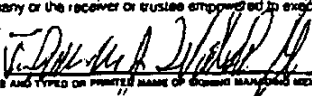


FILED
Jul 14, 2005 8:00 am
Secretary of State

05-02-2005 90102 037 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

5/

DOCUMENT # L03000021043			
1. Entity Name SNUG HARBOR, LLC			
Principal Place of Business 121 SE HARBOR POINT DRIVE STUART, FL 34996		Mailing Address 121 SE HARBOR POINT DRIVE STUART, FL 34996	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-2113738		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, THOMAS J JR 121 SE HARBOR POINT DRIVE STUART, FL 34996		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 registrant agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALSH, THOMAS J JR 121 SE HARBOR POINT DRIVE STUART, FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Walsh, Thomas J. Jr. ☒ Change ☐ Addition 121 SE Harbor Point Drive Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALSH, GLORIAS 121 SE HARBOR POINT DRIVE STUART, FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER MGRM WALSH, GLORIA 121 SE Harbor Point Drive Stuart, FL 34996 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Thomas J. Walsh, Jr. 4/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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