


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90217 002 ****50.00

DOCUMENT # L03000038083 1. Entity Name LOW TIDE DOCKING, LLC					
Principal Place of Business C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103-2750			Mailing Address C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103-2750		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103-2750				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRT Sheldon W. Starman	
STREET ADDRESS			STREET ADDRESS	4099 Tamiami Trail North, Suite 400	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34103	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRS David G. Budd	
STREET ADDRESS			STREET ADDRESS	3033 Riviera Drive, Suite 201	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34103	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGR Julia M. Davis	
STREET ADDRESS			STREET ADDRESS	9201 W. Olympic Blvd., Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	AS David A. Lapin	
STREET ADDRESS			STREET ADDRESS	9201 W. Olympic Blvd., Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	Beverly Hills, CA 90212	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>David G. Budd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/19/04 (239) 263-7700 <small>Date Daytime Phone #</small>		

DAVID G. BUDD, ASSISTANT OPERATING MANAGER