


**2005 LIMITED LIABILITY COMPANY.  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000038083</b> 1. Entity Name LOW TIDE DOCKING, LLC	
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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
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0349788	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103-2750	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT STARMAN, SHELDON W 4099 TAMIAAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, JULIA M 9201 W. OLYMPIC BLVD., SUITE 200 BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAPIN, DAVID A 9201 W. OLYMPIC BLVD., SUITE 200 BEVERLY HILLS, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80009-007 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*David G. Budd*

2/28/05 (239) 263-7700

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

Date

Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER