

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

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



02242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0349788

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE, SUITE 201
NAPLES, FL 34103-2750

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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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRT STARMAN, SHELDON W 4099 TAMiami 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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03/14/06-80007-009 55.00

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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: David G. Budd

2/27/06 (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