2008 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT 07-14-2008 90098 035 ***138.75 DOCUMENT # L04000014640 1. Entity Name BDR MARINA, L.L.C. Principal Place of Business Mailing Address 60044766 6351 GULF OF MEXICO DRIVE 6351 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-1151 US LONGBOAT KEY, FL 34228-1512 US 2. Principal Place of Business - No P.O. Box # 2504 88 ST NW 3. Mailing Address 250Y 88th ST NW Suite, Apt. #, etc. Suite, Apt. #, etc. 07112008 Chg-LLC CR2E083 (12/06) City & State Applied For 4. FEI Number City & State 33-1086027 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PFLUGNER, J. GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 8470 ENTERPRISE CIRCLE SUITE 201 BRADENTON, FL 34202 Zip Code City 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. DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TUCK MGR ☐ Addition TITLE Delete 12 H88 YOSS WOODLAND, ED NAME NAME 6351 GULF OF MEXICO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP 34209 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

Delete

☐ Delete

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

☐ Change

☐ Addition

☐ Addition

FILED Jul 14, 2008 8:00 am