## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000019004

1. Entity Name
JULINGTON MARINA LLC



Principal Place of Business

7 CAN LOCE DIVID

12807 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

Mailing Address

12807 SAN JOSE BLVD. JACKSONVILLE, FL 32223

## FILED Jul 20, 2006 08:00 AM Secretary of State



07172006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    |       | Applied For    |
|----------------------------------|-------|----------------|
| 59-3035630                       |       | Not Applicable |
| 5. Certificate of Status Desired | \$5.0 | 0 Additional   |

RICHARDSON, MICHAEL C SEC 12807 SAN JOSE BLVD JACKSONVILLE, FL 32223 DO NOT WRITE IN THIS SPACE

|   | obligations of registered agent.                  |  |  | og slæ e     | g.,., v |    |         |  |  |             |           | -,           |
|---|---|--|--|--------------|---------|----|---------|--|--|-------------|-----------|--------------|
| SIGNA   | TURE  |  |  |              |         |    |         |  |  |             |           |              |
| Signature, typed or printed name of registered agent and title if applicable. |   | (NQTE: Registered Agent signature required when reinstating) |  |              |         | 3) | DATE    |  |  |             |           |              |
|   | Filing Fee is \$50.00<br>Due by September 6, 2006 | •  |  |              |         |    | •       |  |  |             |           |              |
| 9.  | MANAGING MEMBERS/MANAGERS                         |  |  | F E ( 1919). | 11      |    | 3.3333, |  |  | <del></del> | • • • • • | <del>;</del> |

9. MANAGING MEMBERS/MANAGERS

TITLE SEC

NAME RICHARDSON, MICHAEL C

STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE

NAME
STREET ADDRESS
CITY OF THE STREET ADDRESS

07/20/06-80013-003 50.00

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE

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.

| SIG | GN/ | ATI | JR | Ε | : |
|-----|-----|-----|----|---|---|
|     |     |     |    |   |   |

NAME STREET ADDRESS CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENT

2-17-06

Daytime Phone #