

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-11-2005 90056 004 ****55.00

DOCUMENT # L04000022144 1. Entity Name EAU GALLIE MARINE, LLC					
Principal Place of Business 598 EAU GALLIE BLVD. MELBOURNE FL 32901			Mailing Address 598 EAU GALLIE BLVD. MELBOURNE FL 32901		
2. Principal Place of Business 1717 Aurora Road Suite, Apt. #, etc. Melbourne, FL City & State		3. Mailing Address 1717 Aurora Rd Suite, Apt. #, etc. Melbourne, FL City & State			
Zip 32935	Country USA	Zip 32935	Country USA	4. FEI Number 20-0898545	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRASNY, SCOTT 304 S. HARBOR CITY BLVD., SUITE 201 MELBOURNE FL 32901			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE Manager <input type="checkbox"/> Delete NAME Thomas Richards STREET ADDRESS 1717 Aurora Road CITY-ST-ZIP Melbourne, FL 32935			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MANAGER <input type="checkbox"/> Delete NAME JOE L. BEAMAN STREET ADDRESS 1717 Aurora Rd. CITY-ST-ZIP Melbourne FL 32935			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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>Thomas Richards</u> Thomas Richards 3/1/05 321-259-3632 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					