2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000025043

1. Entity Name
CROSS KEY MARINA LLC

Principal Place of Business	Mailing Address
599 MORRIS LANE KEY LARGO, FL 33037 US	PO BOX 120277 FT LAUDERDALE, FL 33312-0277 US

DO NOT WRITE IN THIS SPACE

04012008No Chg-LLC CR2E083 (12/07)

4. FEI Number
11-3717060
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GARNER, BILL M
1610 W OAK KNOLL CIRCLE
DAVIE, FL 33324

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000881256
04/15/08-80093-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HURST, JULIE
STREET ADDRESS	PO BOX 120277
CITY-ST-ZIP	FT LAUDERDALE, FL 333120277
TITLE	MGRM
NAME	HURST, DOUGLAS S
STREET ADDRESS	PO BOX 120277
CITY-ST-ZIP	FT LAUDERDALE, FL 333120277
TITLE	MGRM
NAME	GARNER, BILL
STREET ADDRESS	1610 W OAK KNOLL CIR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	MGRM
NAME	GARNER, JANICE
STREET ADDRESS	1610 W OAK KNOLL CIR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	MGRM
NAME	HURST, MEGAN
STREET ADDRESS	PO BOX 120277
CITY-ST-ZIP	FT LAUDERDALE, FL 333120277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #