



FILED
Aug 09, 2006 8:00 am
Secretary of State

~0006047

DOCUMENT # L04000033779 1. Entity Name ATLANTIS MARINE PUNTA GORDA, LLC				Secretary of State 08-09-2006 90094 004 ****55.00	
Principal Place of Business 26530 MALLARD WAY, STE. B PUNTA GORDA, FL 33950		Mailing Address 26530 MALLARD WAY, STE. B PUNTA GORDA, FL 33950			
2. Principal Place of Business 25285 DELGADO DRIVE		3. Mailing Address 25285 DELGADO DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08052006 Chg-LLC CR2E083 (11/05)	
City & State PUNTA GORDA, FLORIDA		City & State PUNTA GORDA, FLORIDA		4. FEI Number 80-0106824	
Zip 33955		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, MARK M 25285 DELGADO DRIVE PUNTA GORDA, FL 33955-4221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
MGR ANDERSON, MARK M MGR 25285 DELGADO DR PUNTA GORDA, FL 33955					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Mark M Anderson</u> MARK M ANDERSON 8-4-06 941-575-3500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					