

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90197 014 ****50.00

DOCUMENT # L04000038154

1. Entity Name

MARINA ACQUISITIONS, LLC



Principal Place of Business

**24280 SOUTH TAMIAMI TRAIL
BONITA SPRINGS FL 34134**

Mailing Address

**24280 SOUTH TAMIAMI TRAIL
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15051 Punta Passa Rd

15051 Punta Passa Rd

City & State

City & State

Ft Myers FL

Ft Myers FL

Zip

Country

Zip

Country

33908

33908

4. FEI Number

Applied For

20-1149769

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, JAMES L ESQUIRE
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS FL 33919**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **KNIGHT, STEEVEN C**
STREET ADDRESS **24280 SOUTH TAMIAMI TRAIL**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☒ Change ☐ Addition
NAME **15051 Punta Passa Rd**
STREET ADDRESS **Ft Myers FL 33908**
CITY-ST-ZIP **33908**

TITLE **MGRM** ☐ Delete
NAME **PAGE, STEPHEN L**
STREET ADDRESS **24280 SOUTH TAMIAMI TRAIL**
CITY-ST-ZIP **BONITA SPRINGS FL 33413-4**

TITLE ☒ Change ☐ Addition
NAME **15051 Punta Passa Rd**
STREET ADDRESS **Ft Myers FL 33908**
CITY-ST-ZIP **33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

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

Date

Debate Phone #

1-25-04(239)489-2969