



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90112 007 ****55.00

DOCUMENT # L04000040728					
1. Entity Name GROVE CITY MARINA, LLC					
Principal Place of Business 3150 PLACIDA ROAD GROVE CITY, FL 34224			Mailing Address 3150 PLACIDA ROAD GROVE CITY, FL 34224		
2. Principal Place of Business AS ABOVE		3. Mailing Address 980 BAYSHORE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		06082005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number	
Zip		Zip		Applied For <input checked="" type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNTSSON, ROBERT H ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent Name: MICHAEL L. BOSSEY Street Address (P.O. Box Number is Not Acceptable): 980 BAYSHORE DRIVE City: ENGLEWOOD FL Zip Code: 34223		
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: MICHAEL L. BOSSEY <i>Michael L Bossey</i> DATE: 6-1-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSSEY, MICHAEL L		NAME		
STREET ADDRESS	6840 S.W. 77 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSSEY, MARK L		NAME		
STREET ADDRESS	600 WASHINGTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CENTERPORT, NY 11721		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Michael L Bossey</i>			941-474-1034 6-1-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		