

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046038

Entity Name: SALT CREEK MARINA, LLC

FILED  
Feb 20, 2007  
Secretary of State

## Current Principal Place of Business:

THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

## New Principal Place of Business:

## Current Mailing Address:

C/O ERNEST L. MASCARA, P.A.  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

FEI Number: 20-1260413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PALMER, CHARLES TRUSTEE  
Address: 475 CENTRAL AVENUE, SUITE 202  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM ( ) Delete  
Name: ROBERTS, CARLILE TRUSTEE  
Address: 475 CENTRAL AVENUE, SUITE 202  
City-St-Zip: ST. PETERSBURG, FL 33701 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES G. PALMER

MGRM

02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date