

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000051553

FILED
Jun 04, 2007
Secretary of State**Entity Name:** MADEIRA BAY MARINA, LLC**Current Principal Place of Business:**1114-17TH AVENUE SOUTH
#205
NASHVILLE, TN 37212 US**New Principal Place of Business:****Current Mailing Address:**1114-17TH AVENUE SOUTH
#205
NASHVILLE, TN 37212 US**New Mailing Address:****FEI Number:** 71-0969614**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOFSTRA, PETER T ESQ
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772 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: LEWIS, SAM
Address: 1114-17TH AVENUE SOUTH, #205
City-St-Zip: NASHVILLE, TN 37212 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: DUTY, J. BRUCE
Address: 7501 BEACON HILL ROAD
City-St-Zip: MCKINNEY, TX 75070 US**Title:** MGRM () Change (X) Addition
Name: TWIFORD, RAINER
Address: 3317 OVERBROOK ROAD
City-St-Zip: BIRMINGHAM, AL 35213 US

I hereby certify that the information supplied with this filing does not qualify 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: SAM J. LEWIS, JR.

MGRM

06/04/2007

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