

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054601

Entity Name: FAT DEER KEY MARINA, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

11100 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

11100 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

New Mailing Address:

FEI Number: 20-1399913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D
9711 OVERSEAS HIGHWAY
MARATHON, FL 33050 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: WHALTON, JOHN D
Address: 56940 EDGEWATER RD.
City-St-Zip: MARATHON, FL 33050 US

Title: MGRM () Delete
Name: WHALTON, KATHRYN
Address: 56940 EDGEWATER RD.
City-St-Zip: MARATHON, FL 33050 US

Title: MGRM () Delete
Name: HOLLAND, DENISE H
Address: 11100 OVERSEAS HIGHWAY
City-St-Zip: MARATHON, FL 33050 US

ADDITIONS/CHANGES:

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

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: KATHRYN WHALTON

MGRM

01/05/2007

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