2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # L05000021725** 03-08-2006 90044 019 ****50.00 1. Entity Name SAN SABASTIAN MARINA LLC Principal Place of Business Mailing Address 4015 MAIN STREET MICCO FL 32976 4015 MAIN STREET MICCO FL 32976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Τοςερμ w ΒΔG6S JR MACCRUM, CHRISTINE B 5555 59TH TERRACE VERO BEACH FL 32967 City MICCO 8. The above named critis, 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 chinations of invitations 2-20-06 SIGNATURE (NOTE, Registered Agent signature required when reinstaining) FILE NOW!!! FEE'IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2008 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. PARTNOZ TITLE Change Addition TITLE PART Delete TO SEPH W BAGGS BY YOIS MAIN ST NAME MACCRUM, CHRISTINE B STREET ADDRESS 5555 59TH TERRACE STREET ADDRESS CITY-ST-ZIP MICCO, FL CITY-ST-ZIP VERO BEACH FL 32967 X Deteto TITLE PARTNOZ Addition TITLE PART KATURYM PENNY BAGG MACCRUM, KELLY A NAME STREET ADDRESS HOIS MAIN STREET ADDRESS 419 CONCHA DR CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TILE MALCE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 exemptions contained in Section 119, 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.

FILED

Mar 23, 2006 8:00 am



Division of Corporations

March 9, 2006

SAN SABASTIAN MARINA LLC **4015 MAIN STREET** MICCO, FL 32976

Subject: SAN SABASTIAN MARINA LLC

Reference Number:

£05000021725

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION

SORM Pressefied DTIDGHED