


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000021725

1. Entity Name
SAN SABASTIAN MARINA LLC



Principal Place of Business 4015 MAIN STREET MICCO, FL 32976	Mailing Address 4015 MAIN STREET MICCO, FL 32976
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DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2425424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

**BAGGS, JR, JOSEPH W
 4015 MAIN ST
 MICCO, FL 32976**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

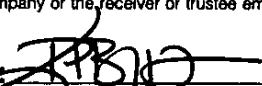
000000733355
 01/30/08-80085-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART BAGGS, JOSEPH 4015 MAIN ST MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART BAGGS, KATHRYN PENNY 4015 MAIN ST MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:  **1/23/08** **772766 2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #