

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90037 018 ****50.00

DOCUMENT # L05000026809 1. Entity Name SHIP'S INN, LLC																																																
Principal Place of Business 1046 PINE RIDGE ROAD NAPLES, FL 34108		Mailing Address 1046 PINE RIDGE ROAD NAPLES, FL 34108																																														
2. Principal Place of Business <div style="display: flex; justify-content: space-between;"> <div> Suite, Apt. #, etc. City & State Zip </div> <div> Ship's Inn, LLC Business Office 2220 J & C Boulevard, #8 Naples, FL 34109 </div> </div>																																																
3. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		4. FEI Number 20-2522073 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																																														
6. Name and Address of Current Registered Agent WHITE, JOHN P PARRISH WHITE & LAWHON, P.A. 3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																														
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 _____ <small>Signature, type or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>SEYLER, RANDY J</td> <td>1046 PINE RIDGE ROAD</td> <td>NAPLES, FL 34108</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		SEYLER, RANDY J	1046 PINE RIDGE ROAD	NAPLES, FL 34108		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																														
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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:		Date 4-19-06 Daytime Phone # 239-597-0742																																														