

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90323 001 ***100.00

DOCUMENT # L05000029413

1. Entity Name
SAN SEBASTIAN HARBOR MARINA, LLC



Principal Place of Business
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

Mailing Address
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

30006817



2. District/Class of Business No P.O. Box #

1548 The Greens Way, Suite 6
Jacksonville Beach, FL 32250

3. Mailing Address

1548 The Greens Way, Suite 6
Jacksonville Beach, FL 32250

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4439508** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCUE, EDWARD R JR
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

1548 The Greens Way, Suite 6
Jacksonville Beach, FL 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ **Delete**
NAME **THE DEVLIN GROUP, INC.**
STREET ADDRESS **1548 THE GREENS WY STE 3**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ **Addition**
NAME **The Devlin Group, Inc.**
STREET ADDRESS **1548 The Greens Way, Ste. 6**
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.19.07

904.543.0026