

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000049047

1. Entity Name
THE ISLANDS MARINA, LLC



Principal Place of Business
2614 TAMiami TRAIL N., SUITE 615
NAPLES, FL 34103 US

Mailing Address
2614 TAMiami TRAIL N., SUITE 615
NAPLES, FL 34103 US

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07082008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-2867565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMPSEY, WILL ESQ
821 5TH AVE SOUTH
NAPLES, FL 34102

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHUCART, JAMES
STREET ADDRESS 2614 TAMiami TRAIL N., SUITE 615
CITY-ST-ZIP NAPLES, FL 34103

TITLE MGR
NAME SHUCART, CHRISTOPHER
STREET ADDRESS 2614 TAMiami TRAIL N., SUITE 615
CITY-ST-ZIP NAPLES, FL 34103

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U000000956148
07/24/08-80001-011 538.75

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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: C. Shucart Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/20/08
Date

Daytime Phone #