2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-13-2006 90039 003 ****50.00

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04032006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000058400

1. Entity Name
DOCKSIDE MARINA, LLC

Principal Place of Business	Mailing Address
10511 SW 17TH PLACE GAINESVILLE, FL 32607	POST OFFICE BOX 308 TRENTON, FL 32693

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURT, THEODORE M ESQ. 114 NE FIRST STREET TRENTON, FL 32693	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 ______________________
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOST, GARY L 10511 SW 17TH PLACE GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 4-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
300006130
#L05000058400

THEODORE M. BURT, P.A.
Attorneys at Law
114 Northeast First Street
Post Office Box 308
Trenton, Florida 32693

Theodore M. Burt
Patti Lee Meeks

(352) 463-2348
fax (352) 463-5908

April 10, 2006

Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32614

Re: Dockside Marina, LLC

Gentlemen:

Enclosed please find the 2006 Annual Report, together with the filing fee of $50.00 on the referenced limited liability company.

Yours truly,

Susan Thorsen

Susan Thorsen
Legal Assistant

/st
Enclosures

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