

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068371

1. Entity Name
GULF HARBOR MARINA, LLC



Principal Place of Business
**800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**

Mailing Address
**800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3269271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, WARREN E
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**

**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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WILLNER, DAVID M
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
CARLTON, CHARLES S
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
LAWLER, THOMAS P
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000653872
03/13/07-80037-018 50.00

**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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David M. Willner
2-21-07 407-292-7717