03/31/2008 11:38 FAX 5132418303 BARNES DENNIG & CO

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Jun 30, 2008 8:00 am
Secretary of State
06-30-2008 90078 001 ***538.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000075514

1. Entity Name
ISLES OF CAPRI MARINA LLC

50007722

Principal Place of Business	Mailing Address
292 CAPRI BLVD. NAPLES, FL 34113	292 CAPRI BLVD. NAPLES, FL 34113

03312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		128 East Second St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Covington, Kentucky	
Zip	Country	Zip: 41011	Country: Kenton

4. FEI Number: 20-4457443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEMBERGER, MATTHEW B
520 S COLLIER BLVD., #608
MARCO ISLAND, FL 34145

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CODMAN, CHARLES 1503 RUBY LAKE POINT, 516 NAPLES, FL 34114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hemberger, Matthew B 520 S Collier Blvd., #608 Marco Island, FL 34145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hemberger, Mark J 520 S Collier Blvd., #608 Marco Island, FL 34145	☐ 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
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: Matthew B. Hemberger 6-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #