2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092961

1. Entity Name

SMILÍN JACKS MARINA LLC



FILED Apr 05, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

611 COMMERCE WAY

611 COMMERCE WAY

JUPITER, FL 33458

JUPITER, FL 33458



DO NOT WRITE IN THIS SPACE

02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3500091

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENLEY, SCOTT 611 COMMERCE WAY

JUPITER, FL 33458

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The above named entity submits this statement for the	purpose of changing its registered office or registered agent, or both, in t	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 algorature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGR HENLEY, SCOTT 611 COMMERCE WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLANTUONI, LOUIS JR 4191 129TH AVE N ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
DILE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

/ U00000690572 04/11/07-80081-820 \$0.00

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11. I hereby certify that the information supplied with this filling 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:

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

Date

Daytime Phone #