

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

02-27-2006 90431 004 ****50.00

DOCUMENT # L05000094575 1. Entity Name PINELLAS MARINA, LLC					
Principal Place of Business C/O J. PAUL RAYMOND 625 COURT STREET, SUITE 200 CLEARWATER FL 33756			Mailing Address C/O J. PAUL RAYMOND 625 COURT STREET, SUITE 200 CLEARWATER FL 33756		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-414543				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET, SUITE 200 CLEARWATER FL 33756			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 _____ <small>Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when reappointing)</small>					
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>					
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mgr. Member Michael R. Shanks 1112 Pinchurst Rd Dunedin Fla. 34698		STREET ADDRESS		
CITY - ST - ZIP	Dunedin Fla. 34698		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mgr. Member Patricia Shanks 1112 Pinchurst Rd Dunedin Fla. 34698		STREET ADDRESS		
CITY - ST - ZIP	Dunedin Fla. 34698		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recoup this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			2/16/06 (727) 734-2525		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT
36003599

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

PINELLAS MARINA, LLC
C/O J. PAUL RAYMOND
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

Subject: PINELLAS MARINA, LLC

Reference Number:

L05000094575

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT
30003599

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2006

PINELLAS MARINA, LLC
C/O J. PAUL RAYMOND
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

Subject: PINELLAS MARINA, LLC

Reference Number: L05000094575

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

List the street address of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd

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