

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000094575

Entity Name: PINELLAS MARINA, LLC

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-4194543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAYMOND, J. PAUL  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHARKS, MICHAEL R  
Address: 1112 PINEHURST RD  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete  
Name: SHEPPARD, PATRICK  
Address: 1112 PINEHURST RD  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEEKS, MICHAEL R  
Address: 1112 PINEHURST RD  
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL R. SHEEKS

MGRM

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date