2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 10, 2008 8:00 am Secretary of State **DOCUMENT # L06000016653** 03-10-2008 90339 035 ***138.75 TAMPA MARINA INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 15051 PUNTA RASSA ROAD 15051 PUNTA RASSA ROAD 60013666 FT. MYERS, FL 33908 FT. MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4345617 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, JAMES L ESQ. Street Address (P.O. Box Number is Not Acceptable) 8191 COLLEGE PARKWAY, #204 FT. MYERS, FL 33919 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. Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE Change Addition NAME KNIGHT, STEEVEN C NAME 15051 PUNTA RASSA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. MYERS, FL 33908 CITY-ST-7IP **Addition** ☐ Change TITLE ☐ Defete TITE F GREGORY EAGLE NAME NAME ISOSI PUNTA RASSA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MYERS, FL 33908 ☐ Change Delete TITLE MER Addition TITLE RICHARD McCANNA 15051 PUNTA RASSA ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information publied 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

LOUIS W. HENRY AUTHORIZED OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF &

FILED

K13-831-1200