

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90035 040 \*\*\*\*50.00

**DOCUMENT # L06000052527**

1. Entity Name  
**FACTORY BAY MARINA OF MARCO, LLC**



Principal Place of Business  
**3725 FORT CHARLES DRIVE  
NAPLES, FL 34102**

Mailing Address  
**3725 FORT CHARLES DRIVE  
NAPLES, FL 34102**

**60041208**

2. Principal Place of Business - No P.O. Box #  
**4500 GORDON DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4500 GORDON DRIVE**  
Suite, Apt. #, etc.



04172007 Chg-LLC CR2E083 (12/06)

City & State  
**NAPLES, FL**  
Zip  
**34102** Country  
**USA**

City & State  
**NAPLES, FL**  
Zip  
**34102** Country  
**USA**

4. FEI Number  
**65-0751713** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ANTARAMIAN, JACK J  
3725 FORT CHARLES DRIVE  
NAPLES, FL 34102**

**7. Name and Address of New Registered Agent**

Name  
**ANTARAMIAN, JACK J.**

Street Address (P.O. Box Number is Not Acceptable)

**4500 GORDON DRIVE**

City **NAPLES** **FL** Zip Code **34102**

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 **JACK J. ANTARAMIAN**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/17/07**  
DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ANTARAMIAN, JACK J  
3725 FORT CHARLES DRIVE  
NAPLES, FL 34102** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4500 GORDON DRIVE  
NAPLES, FL 34102** ☒ Change ☐ Addition

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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:** **JACK J. ANTARAMIAN**

**4/17/07**  
Date

**508-393-2911**  
Daytime Phone #