

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016389

FILED
Aug 17, 2009
Secretary of State

Entity Name: COMPASS ROSE MARINA JOINT VENTURE, LLC

Current Principal Place of Business:

1195 MAIN STREET
FT. MYERS, FL 33931

New Principal Place of Business:

23150 FASHION DRIVE
231
ESTERO, FL 33928

Current Mailing Address:

1195 MAIN STREET
FT. MYERS, FL 33931

New Mailing Address:

23150 FASHION DRIVE
231
ESTERO, FL 33928

FEI Number: 61-1520995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L
3451 BONITA BAY BLVD., SUITE 200
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MCINTYRE, PAUL J
23150 FASHION DRIVE
231
ESTERO, FL 33928 US

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: PAUL J. MCINTYRE

08/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MGMSWF, LLC
Address: 4137 BAY BEACH LANE UNIT 5H1
City-St-Zip: FT. MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCINTYRE, PAUL J TRUSTEE
Address: 23150 FASHION DRIVE, SUITE 231
City-St-Zip: ESTERO, FL 33928 US

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: PAUL J. MCINTYRE

MGR

08/17/2009

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