MANAGER

FILED
May 22, 2008 8:00 am
Secretary of State

03-25-2008 90083 012 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000064340

1. Entity Name
WATER STREET HOTEL AND MARINA, L.L.C.

Principal Place of Business
17 1/2 AVE. E.
APALACHICOLA, FL 32320

Mailing Address
P.O. BOX 729
APALACHICOLA, FL 32329

02062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 329 WATER Street	3. Mailing Address Po Box 729
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Apalachicola FL	City & State Apalachicola Fl.
Zip 32320 Country USA	Zip 32329 Country USA

4. FEI Number 83-0487274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KELLER, KIM
17 1/2 AVE. E.
APALACHICOLA, FL 32320

7. Name and Address of New Registered Agent
Name: CURT BLAIR
Street Address (P.O. Box Number is Not Acceptable): 17 ½ AVENUE E
City: Apalachicola FL Zip Code 32320

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] 3-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER / Allyn Assoc Inc / 17½ Ave E / Apalachicola, Fl. 32320 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Allyn Inc.~~ / ~~17 ½ Avenue E~~ / ~~Apalachicola, Fla 32320~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 3-12-08 850-653-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #