

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012281

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA NAUTICAL INSTITUTE LLC

**Current Principal Place of Business:**

224 KIRKLAND RD  
NEW SMYRNA BEACH, FL 32170

**New Principal Place of Business:**

219 KIRKLAND RD  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

P O BOX 2536  
NEW SMYRNA BEACH, FL 32170 25

**New Mailing Address:**

P O BOX 2536  
NEW SMYRNA BEACH, FL 32170

**FEI Number:** 20-4530993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BASS, BARBARA  
224 KIRKLAND RD  
NEW SMYRNA BEACH, FL 32169 US

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

BASS, BARBARA  
219 KIRKLAND RD  
NEW SMYRNA BEACH, FL 32169 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: \_\_\_\_\_

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BASS, BARBARA  
Address: 224 KIRKLAND RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BASS, BARBARA  
Address: 219 KIRKLAND RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: BARBARA BASS

MGRM

04/28/2009

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