

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90097 002 *****55.00

DOCUMENT # L99000003664

1. Entity Name

PALM HARBOR MARINA, LLC

Principal Place of Business

**14603 BEACH BLVD.
JACKSONVILLE FL 32250**

Mailing Address

**14603 BEACH BLVD.
JACKSONVILLE FL 32250**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3586166

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****FOSTER, RONALD H SR
2900 HARTLEY ROAD
JACKSONVILLE FL 32257****7. Name and Address of New Registered Agent**

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, RONALD H SR 2900 HARTLEY ROAD JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNN, DAVID 14603 BEACH BLVD. JACKSONVILLE FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURCELL, KENNETH V. 14603 BEACH BLVD. JACKSONVILLE, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, DONALD L. 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSTER, RONALD H, JR. 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSTER, RYAN J. 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/23/02 904-223-4757