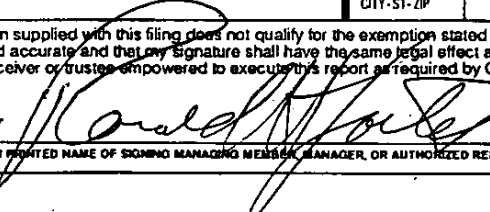


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

02-16-2005 90162 027 ****55.00

DOCUMENT # L99000003664 1. Entity Name PALM COVE 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3586166	
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOSTER, RONALD H SR 2900 HARTLEY ROAD JACKSONVILLE FL 32257				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restarting)					
FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FOSTER, RONALD H SR 2900 HARTLEY ROAD JACKSONVILLE FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PURCELL, KENNETH V 14603 BEACH BLVD JACKSONVILLE FL 32250	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SMITH, DONALD L 2900 HARTLEY ROAD JACKSONVILLE FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FOSTER, RONALD H JR 2900 HARTLEY ROAD JACKSONVILLE FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FOSTER, RYAN J 2900 HARTLEY ROAD JACKSONVILLE FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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 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:  3/23/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					