

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 033 ****55.00

0038249

DOCUMENT # M00000000678

1. Entity Name
FC MARINA, LLC



Principal Place of Business
**3200 TAMIAMI TRAIL N., SUITE 200
NAPLES FL 34103**

Mailing Address
**3200 TAMIAMI TRAIL N., SUITE 200
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J
3200 TAMIAMI TRAIL N., SUITE 200
NAPLES FL 34103**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR FIDDLER'S CREEK, LLC**
STREET ADDRESS **3470 CLUB CENTER BLVD**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~**MGR PERRAO, AUBREY J**~~
STREET ADDRESS ~~**3470 CLUB CENTER BLVD**~~
CITY-ST-ZIP ~~**NAPLES FL 34114**~~

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anthony Stunard

4/28/03 (239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)