

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000007188

1. Entity Name  
 GALLEON MARINA RENTAL AND MANAGEMENT, LLC



Principal Place of Business  
 1510 SOUTH TUTTLE AVENUE  
 SARASOTA, FL 34239

Mailing Address  
 1510 SOUTH TUTTLE AVENUE  
 SARASOTA, FL 34239



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 56-2352770

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MAGLICH, DAVID S ESQ.  
 1515 RINGLING BLVD., SUITE 1000  
 SARASOTA, FL 34236

**DO NOT WRITE  
 IN THIS SPACE**

6. 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 reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LETSCHERT, TURDO
STREET ADDRESS	1510 SOUTH TUTTLE AVENUE
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	MGRM
NAME	SMITH, ROY
STREET ADDRESS	1510 SOUTH TUTTLE AVENUE
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000428205  
 02/21/06-80038-014 50.00

**DO NOT WRITE  
 IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #