## 2007 LIMITED LIABILITY COMPANY' ANNUAL REPORT

## **Secretary of State** DOCUMENT # L06000106173 02-13-2007 90056 025 \*\*\*\*50.00 1. Entity Name ANGLERS AVENUE MARINE CENTER LLC Principal Place of Business Mailing Address 4470 ANGLERS AVE 3455 E. PARIS AVE 30004147 DANIA BEACH, FL 33312 US GRAND RAPIDS, MI 49512 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5816902 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONGMAN, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 4470 ANGLERS AVE DANIA BEACH, FL 33312 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 lamiliar 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 (equired when ternstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. TITLE TITLE ☐ Delete ☐ Change ☐ Addition LONGMAN, DANIEL B NAME MAME STREET ADDRESS 4470 ANGLERS AVE STREET ADDRESS CITY-ST-7IP DANIA BEACH, FL 33312 CJIY-SI-ZiP MGR TITLE Oelete TITLE ☐ Change ☐ Addition BUDZINSKI, CAROL NAME STREET ADDRESS 4470 ANGLERS AVE STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33312 City-St-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition GELDERS, MARK NAME NAME STREET ADDRESS 4470 ANGLERS AVE STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33312 CITY-ST-ZIP TITLE Delete HILE ☐ Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - . . □ Delete ITTLE ☐ Changé ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 11. I hereby certify that the information supplied with this lifting 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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 12, 2007 8:00 am