

ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90034 049 ****61.25

DOCUMENT # N04000005701

1. Entity Name
BANYAN MARINA RESORT, INC.



Principal Place of Business 111 ISLE OF VENICE FT LAUDERDALE, FL 33301	Mailing Address 111 ISLE OF VENICE FT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country



03122007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

MEUFELDT, PETER
 111 ISLE OF VENICE
 #7
 FT LAUDERDALE, FL 33301

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. 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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEUFELDT, PETER 111 ISLE OF VENICE FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEUFELDT PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 ISLE OF VENICE DR #7 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NEUFELDT, DAGMAR 111 ISLE OF VENICE FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JERRY NORMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 111 ISLE OF VENICE DR #3 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATTERSON, ROBERT 111 ISLE OF VENICE #6 FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOHAR, RODERIC P.O. BOX 589 MARSTONS MILLS, MA 02648 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE DAGMAR NEUFELDT Raymond Neufeldt 3-12-07 954-764-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date or Phone #