2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000006733

1. Entity Name
INTERNATIONAL MARINAS, L.C.

Principal Place of Business	Mailing Address
1512 EAST BROWARD BOULEVARD, SUITE 200 FORT LAUDERDALE, FL 33301	1512 EAST BROWARD BOULEVARD, SUITE 200 FORT LAUDERDALE, FL 33301

U00000505187
04/26/06-80103-007 50.00

03232006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1016500
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, J. WALTER
1512 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE, FL 33301

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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 reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEARSON, KAYE
STREET ADDRESS	1637 EAST LAKE DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGR
NAME	MCCRORY, J. WALTER
STREET ADDRESS	1512 EAST BROWARD BOULEVARD, SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Pres 4-7-06 954-462-5835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #