2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # L00000010528 SANDY COVE MARINE SALES, LLC 02-06-2006 90205 001 ***100.00 Principal Place of Business Mailing Address 74540 OVERSEAS HIGHWAY P.O. BOX 1916 Stinnamaa ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 01102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1037296 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUPINO, JAMES S DO NOT WRITE 90130 OLD HIGHWAY TAVERNIER, FL 33070 IN THIS SPACE 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 \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME RMD CAPITAL, LLC 950 THIRD AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 MGRM MYERS, MICHAEL NAME STREET ADORESS 318 PALM AVENUE CITY-ST-7IP ISLAMORADA, FL 33036 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 peceive or trasfee empoyered to execute this report as required by Chapter 608, Florida Statutes,

SIGNATURE:

CITY-ST-ZIP

EMBER, OR AUTHORIZED REPRESENTATIVE

FILED