

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013062

Entity Name: OFFSHORE SLIPS, L.C.

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

2525 LAKE DR.
SUITE 1
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

2525 LAKE DR.
SUITE 1
SINGER ISLAND, FL 33404 US

New Mailing Address:

FEI Number: 54-2012406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COOK, VICTOR J III
2525 LAKE DRIVE
SUITE 1
SINGER ISLAND, FL 33404 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COOK, VICTOR J III
Address: 2525 LAKE DRIVE #5
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: MGRM () Delete
Name: COOK, ALEXANDRA C CPA
Address: 2525 LAKE DRIVE #5
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COOK, VICTOR J III
Address: 2525 LAKE DRIVE #4
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: MGRM (X) Change () Addition
Name: COOK, ALEXANDRA C CPA
Address: 18 DUKE DRIVE
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VICTOR J. COOK, III

MGRM

05/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date