

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000803

1. Entity Name
PUERTO DEL RIO, L.L.C.



Principal Place of Business
750 NORTH ATLANTIC AVE., SUITE 1209
COCOA BEACH, FL 32931

Mailing Address
750 NORTH ATLANTIC AVE., SUITE 1209
COCOA BEACH, FL 32931



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3691537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVE.
MELBOURNE, FL 32901

**DO NOT WRITE
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D PAUL LLC
750 NORTH ATLANTIC AVE., SUITE 1209
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ASL OF BREVARD, INC.
1475 PARADISE CT
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000744136
05/15/07-80139-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

D. Paul L.L.C.
DANNY P. RINGNAHL

4/27/07

321-783-1373

Date

Daytime Phone #