2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 04, 2006
Secretary of State

DOCUMENT# L01000019140

Entity Name: EAGLE RAY DIVERS, LLC

Current Principal Place of Business:

221 LA PALOMA
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

221 LA PALOMA
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 91-2166939 **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:

DONALD, WOOD
221 LA PALOMA
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: WOOD, DONALD J
Address: 221 LA PALOMA
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM ( ) Delete
Name: WOOD, PETER W
Address: 221 LA PALOMA
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM ( ) Delete
Name: WOOD, GEORGE E
Address: 221 LA PALOMOA
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONALD J WOOD MGRM 07/04/2006

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