
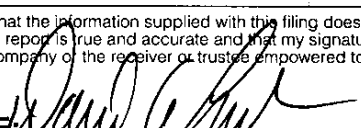


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90047 049 ****50.00

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|---|--|--|---|--|-----------------|
| DOCUMENT # L01000021119 | | | |  | |
| 1. Entity Name PALM COVE MARINA II LLC | | | | | |
| Principal Place of Business 2363 SW CARRIAGE HILL TER PALM CITY, FL 34990 | | | Mailing Address 250 GIBRALTAR ROAD HORSHAM, PA 19044 | | |
| 2. Principal Place of Business 250 Gibraltar Road | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Horsham, PA | | City & State | | 4. FEI Number NOT APPLICABLE | |
| Zip 19044 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR NAME RICHEY, DAVID STREET ADDRESS 250 GIBRALTAR ROAD CITY-ST-ZIP HORSHAM, PA 19044 | <input type="checkbox"/> Delete | | TITLE Manager NAME David A. Larkin STREET ADDRESS 250 Gibraltar Road CITY-ST-ZIP Horsham, PA 19044 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE MGR NAME LASKOWITZ, MITCHELL STREET ADDRESS 250 GIBRALTAR ROAD CITY-ST-ZIP HORSHAM, PA 19044 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE MGR NAME BARTOS, JEFFREY STREET ADDRESS 250 GIBRALTAR ROAD CITY-ST-ZIP HORSHAM, PA 19044 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE  | | | David A. Larkin, Manager | | 215-938-8000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |