


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90199 037 \*\*\*\*55.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L01000021202</b><br>1. Entity Name<br>MOTHER SHIP, LLC   |   |   |   |
| Principal Place of Business<br>3033 RIVIERA DRIVE<br>SUITE 201<br>NAPLES, FL 34103 US  |   | Mailing Address<br>3033 RIVIERA DRIVE<br>SUITE 201<br>NAPLES, FL 34103 US  |   |
| 2. Principal Place of Business<br>c/o David G. Budd<br>Suite, Apt. #, etc.<br>3033 Riviera Drive, #201<br>City & State<br>Naples, Florida<br>Zip<br>34103 Country<br>USA   |   | 3. Mailing Address<br>c/o David G. Budd<br>Suite, Apt. #, etc.<br>3033 Riviera Drive, #201<br>City & State<br>Naples, Florida<br>Zip<br>34103 Country<br>USA |   |
| 6. Name and Address of Current Registered Agent<br>BUDD, DAVID G<br>3033 RIVIERA DRIVE<br>SUITE 201<br>NAPLES, FL 34103  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____  |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRT<br>STARMAN, SHELDON W<br>4099 TAMiami TR NO. SUITE 400<br>NAPLES, FL 34103 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRS<br>BUDD, DAVID G<br>3033 RIVIERA DRIVE SUITE 201<br>NAPLES, FL 34103       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |
| <b>SIGNATURE:</b> <u>David G. Budd</u>   |   | 2/27/06 (239) 263-7700   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #   |   |
| DAVID G. BUDD, ASSISTANT OPERATING-MANAGER   |   |  |   |