2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State

1. Entity Name
SYMPHONY MARINE, LLC

Principal Place of Business

1515 SOUTH FEDERAL HIGHWAY

BOCA RATON, FL 33432

Mailing Address

1515 SOUTH FEDERAL HIGHWAY

SUITE 300

BOCA RATON, FL 33432



DO NOT WRITE IN THIS SPACE

03302006No Chq-LLC

CR2E083 (11/05)

4. FEI Number 01-0663617 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

a. The above the obliga	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and fills if explicable.	(NOTE: Registered Agent signature required when rematating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2008	· · · · · · · · · · · · · · · · · · ·	000000496194 04/22/06-80004-008 5 0.00
Ø.	MANAGING MEMBERS/MANAGERS		
TOTLE	MGRM		
NAME	ALTMAN, JOEL L	į.	
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #300	1	
CITY-ST-ZIP	BOCA RATON, FL 33432		

NAME STREET ADDRESS DO NOT WRITE C17Y-57-21P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS CITY - ST-739

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 508, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

rinted have of signing managing member, or authorized representative

Date

Daytime Phone #