

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90025 021 \*\*\*\*50.00

**DOCUMENT # L02000024929**

1. Entity Name  
**PLEASURE OF THE SEA, LLC**



Principal Place of Business  
**1730 E. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334**

Mailing Address  
**1730 E. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334**

2. Principal Place of Business

3. Mailing Address  
**2101 W. Commercial Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 2800**

04242006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
**Fort Lauderdale, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip  
**33309**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT S. FORMAN, P.A.  
2101 WEST COMMERCIAL BLVD., SUITE 4100  
FORT LAUDERDALE, FL 33308**

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

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SHIMM, KENNETH L  
1730 E. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**2101 W. Commercial Blvd. Suite 2800  
Ft. Lauderdale, FL 33309** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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.

**SIGNATURE:**

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

Date

Daytime Phone #