2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000028240

1. Entity Name

LONGBOAT KEY DEVELOPMENT LLC



Principal Place of Business

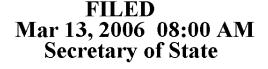
1001 E ATLANTIC BLVD

SUITE 202 DELRAY BEACH, FL 33483 Mailing Address

TOOO MARKET STREET

BUILDING ONE

PORTSMOUTH, NH 03801





01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1634579

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and titls if applicable.	(NOTE: Registered Agent signature required when re-instaling)	DATE
Filing Fee is \$50.00 Que by May 1, 2006		

	
8.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ADE, RICHARD C
STREET ADDRESS	1000 MARKET STREET
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	MGRM
NAME	WALSH, MICHAEL P
STREET ADDRESS	1001 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
THLE	MGRM
NAME	WALSH, MARK T
STREET ADDRESS	1001 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
title	MGRM
NAME	WALSH, WILLIAM J
Street address	1000 MARKET STREET
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	
NAME	
STREET ADDRESS	
City-St-Zip	
MITE	
NAME	
STREET ADDRESS	
CATY-ST-ZMP	

U00000**46**6306 03/23/06 3002**5**-005 50.00

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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 companying the seceiver or trustee exponence to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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