

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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

**1000 MARKET STREET
BUILDING ONE
PORTSMOUTH, NH 03801**



01192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. 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
TITLE	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	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/23/06 80025-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2100