


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90209 030 ****50.00

DOCUMENT # L03000005321	
1. Entity Name INDIAN RIVER VESSELS, LLC	

Principal Place of Business 1550 INDIAN RIVER DRIVE SEBASTIAN, FL 32958	Mailing Address 2585 LAGOON COURT VERO BEACH, FL 32963
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1550 INDIAN RIVER DR. Suite, Apt. #, etc.	
City & State		City & State SEBASTIAN FL	
Zip	Country	Zip	Country
		32958	USA



02112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0031986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH, SETH Z 2650 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133	
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7. Name and Address of New Registered Agent Name BEVERLEY A WARD Street Address (P.O. Box Number is Not Acceptable) 2585 LAGOON COURT City VERO BEACH FL Zip Code 32963	
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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 *B. Ward* DATE **04/04/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 SEBASTIAN ENTERTAINMENT 1550 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:

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

B. Ward DATE **04/04/2006** 772-589-1115
Date Daytime Phone #