


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90438 007 \*\*\*\*50.00

<b>DOCUMENT # L03000009596</b>	
1. Entity Name <b>SAILFISH WATERFRONT PROPERTIES LLC</b>	

Principal Place of Business 15074 PARK OF COMMERCE BLVD. SUITE 6 JUPITER, FL 33478 US	Mailing Address 15074 PARK OF COMMERCE BLVD. SUITE 6 JUPITER, FL 33478 US
--	--

60031294



2. Principal Place of Business - No P.O. Box # <b>221 SAN REMO DRIVE</b>	3. Mailing Address <b>221 SAN REMO DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212007 Chg-LLC CR2E083 (12/06)

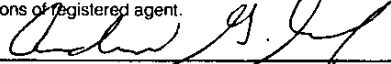
City & State <b>JUPITER, FL</b>	City & State <b>JUPITER, FL</b>
Zip <b>33458</b>	Country <b>PR</b>
Zip <b>33458</b>	Country <b>PR</b>

4. FEI Number <b>59-3773728</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SCALF, GERARD ANDREW G. SCALF</b> <b>15074 PARK OF COMMERCE BLVD.</b> <b>SUITE 6</b> <b>JUPITER, FL 33478</b>	
--	--


7. Name and Address of New Registered Agent Name <b>ANDREW G. SCALF</b> Street Address (P.O. Box Number is Not Acceptable) <b>221 SAN REMO DRIVE</b> City <b>JUPITER</b> FL Zip Code <b>33458</b>	
---	--

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 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALF, GERARD 15074 PARK OF COMMERCE BLVD. SUITE 6, FL 33478 <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	MGRM MCGRANE, DANIEL 15074 PARK OF COMMERCE BLVD. JUPITER, FL 33478 <input checked="" 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
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

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: 	Date <b>3/21/07</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		