

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012037

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: BLOWING ROCKS MARINA, LLC

**Current Principal Place of Business:**

18487 SE FEDERAL HIGHWAY  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

18487 SE FEDERAL HIGHWAY  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 05-0562083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TASELL, DAVID ESQ.  
941 N. A1A  
JUPITER, FL 33477      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCALLISTER, WILLIAM PRES  
Address: 2984 APALOOSA TRAIL  
City-St-Zip: WELLINGTON, FL 33417

Title: MGRM ( ) Delete  
Name: KRIZKA, JOHN SEC  
Address: 5958 SENEGAL DRIVE  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN KRIZKA

MGRM

07/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date