

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024155

FILED
Mar 03, 2009
Secretary of State

Entity Name: PORTSIDE YACHTING CENTER LLC

Current Principal Place of Business:

1850 SE 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1850 SE 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 56-2374237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, STEVEN W
1850 SE 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 33316 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: HUDSON, STEVEN W
Address: 1850 SE 17TH STREET, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: ELLERT, MARK H
Address: 1850 SE 17TH STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: HUDSON, HARRIS W
Address: 1850 SE 17TH STREET, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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

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 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: MARK ELLERT

MGRM

03/03/2009

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