2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027107

1. Entity Name
PORT MAYACA RANCHES, LLC

Principal Place of Business	Mailing Address
150 E. PALMETTO PARK ROAD SUITE 505 BOCA RATON, FL 33432	150 E. PALMETTO PARK ROAD SUITE 505 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

02102005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
20-0082852		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKELEY, BRADFORD W MEMBER
150 E. PALMETTO PARK ROAD
SUITE 350~ 505
BOCA RATON, FL 33432

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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 _____

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

Filing Fee Is $50.00
Due by May 1, 2005

9.

	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BLAKELEY, BRADFORD W
STREET ADDRESS	150 E PALMETTO PARK #350~ #505
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	RAZAVI, MARK D
STREET ADDRESS	790 ANDREWS AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	—
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   2-18-2005   561-826-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #