


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90145 043 ****50.00

DOCUMENT # L03000027107	
1. Entity Name PORT MAYACA RANCHES, LLC	

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

DO NOT WRITE IN THIS SPACE



01202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0082852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLAKELEY, BRADFORD W MEMBER 150 E. PALMETTO PARK ROAD SUITE 505 BOCA RATON, FL 33432
--

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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

**DO NOT WRITE
IN THIS SPACE**

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:  member / Mark D. Ravi	2/3/06	561-826-9980
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date</small>		<small>Daytime Phone #</small>