2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027107

1. Entity Name
PORT MAYACA RANCHES, LLC

Principal Place of Business	Mailing Address
2401 PGA BLVD. SUITE 230 PALM BEACH GARDENS, FL 33410	2401 PGA BLVD. SUITE 230 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012007   Chg-LLC   CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
BLAKELEY, BRADFORD W MEMBER 150 E. PALMETTO PARK ROAD SUITE 505 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE
NAME	BLAKELEY, BRADFORD W		NAME
STREET ADDRESS	150 EAST PALMETTO PARK #505		STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP

U00000702459   ☐ Change ☐ Addition
04/20/07-80099-020 50.00

TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RAZAVI, MARK D		NAME			
STREET ADDRESS	150 E PALMETTO PARK # 505		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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   4-9-2007   561-826-9900

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