



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028642		
1. Entity Name IVY LEA MARINA, LLC		
Principal Place of Business 1887 W STATE ROAD 84 FORT LAUDERDALE, FL 33315		Mailing Address 1887 W STATE ROAD 84 FORT LAUDERDALE, FL 33315
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DICONDINA, MICHAEL 1887 W STATE ROAD 84 FORT LAUDERDALE, FL 33315		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	DO NOT WRITE IN THIS SPACE
NAME	JOYCE, MICHAEL F	
STREET ADDRESS	1887 W STATE ROAD 84	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		Date: 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 954 463 0755



04212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
90-0180521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000519500
05/02/06-80054-019 50.00