

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030162

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** DEEPWATER ASSOCIATES, LLC

**Current Principal Place of Business:**

7491 NORTH FEDERAL HIGHWAY, C-5, #285  
BOCA RATON, FL 33487

**New Principal Place of Business:**

980 NORTH FEDERAL HWY  
216  
BOCA RATON, FL 33432

**Current Mailing Address:**

7491 NORTH FEDERAL HIGHWAY, C-5, #285  
BOCA RATON, FL 33487

**New Mailing Address:**

980 NORTH FEDERAL HWY  
216  
BOCA RATON, FL 33432

**FEI Number:** 54-2125750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BODZIN, MARTIN I ESQ.  
SUITE 240, ONE PARK PLACE  
621 NORTHWEST 53RD STREET  
BOCA RATON, FL 33487 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:** DALTON, MICHAEL  
**Address:** 601 S. FEDERAL HWY #302  
**City-St-Zip:** BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DALTON, MICHAEL  
**Address:** 7491 NORTH FEDERAL HIGHWAY, C-5, #285  
**City-St-Zip:** BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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:** MICHAEL DALTON

MGRM

04/25/2006

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