


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90300 005 ****50.00

DOCUMENT # L03000042008	
1. Entity Name SAILBOAT BEND 486/488, LLC	

Principal Place of Business 1937 EAST ATLANTIC BLVD., STE. 12 POMPANO BEACH FL 33060	Mailing Address 1937 EAST ATLANTIC BLVD., STE. 12 POMPANO BEACH FL 33060
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2. Principal Place of Business Suite, Apt CHANGE of Place of Business & Mailing Address. 2101 N Andrews Ave, Suite 107 City & Sta Wilton Manors, FL 33311	3. Mailing Address
Zip Country Zip Country	

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent MORRIS. KIMBERLY L 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 N Andrews Ave. Ste. 107 City Wilton Manors FL Zip Code 33311	
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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 <i>Kimberly L Morris</i> (NOTE: Registered Agent signature required when reinstating) DATE 10 Mar 06	
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, BRETT H 1937 E. ATLANTIC BLVD., SUITE 12 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEESON, JAMES M JR 1937 E. ATLANTIC BLVD., SUITE 12 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *DAH*

10 March, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #