2006 LIMITED LIABILITY COMPANY 'Af&NUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # L03000042011 1. Entity Name 03-21-2006 90299 050 ****50.00 SAILBOAT BEND 407/409, LLC Principal Place of Business Mailing Address 1937 E. ATLANTIC BLVD., STE. 12 POMPANO BEACH FL 33060 1937 E. ATLANTIC BLVD., STE. 12 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address 2101 N. Andrews Ave. 2101 N. Andrews Ave Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 107 107 City & State City,& State Applied For 4. FEI Number 52-2407366 Wilton Manors, Fl <u>viiton Manors</u> Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, KIMBERLY L 1937 E. ATLANTIC BLVD., SUITE 12-POMPANO BEACH FL 33060 Street Address (P.O. Box Number is Not Acceptable) Wilton Manors 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 10 Mar 06 (NOTE: Registered Agent sonature required when (sinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Change Delete NAME MORRIS, BRETT H NAME 2101 N. Andrews Ave. Ste. 107 1937 E. ATLANTIC BLVD., SUITE 12 STREET ADDRESS STREET ADDRESS Wilton Manors, FL 3331 CITY-ST-ZIP CITY-ST-ZIP POMPANŐ BEACH FL 33060 TITLE TITLE ☐ Addition Delete MARKE BEESON, JAMES M JR NAME 2101 N. Andrews Aue. Ste. 107 STREET ADDRESS STREET ADDRESS 1937 E. ATLANTIC BLVD., SUITE 12 CITY-ST-ZIP CITY-ST-ZIP Wilton Manors, FL 33311 POMPANO BEACH FL 33060 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 ☐ Addition ☐ Delete 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 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.

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

10 Mar 06

Daytime Phone #