2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000007036

1. Entity Name
ROCKY BLUFF MARINE LLC

Principal Place of Business	Mailing Address
417-12TH ST WEST STE 203 BRADENTON, FL 34205	C/O MICHAEL M. CARTER 417-12TH ST WEST STE 203 BRADENTON, FL 34205
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242006   Chg-LLC   CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE   Applied For / 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
CARTER, MICHAEL M 417-12TH ST W SUITE 203 BRADENTON, FL 34205	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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGRM** NAME **CARTER, MICHAEL M** STREET ADDRESS **417-12TH ST. WEST, STE 200** CITY-ST-ZIP **BRADENTON, FL 34205**	☐ Delete	TITLE NAME STREET ADDRESS *Suite 203* CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: *Linda A. Walker*   4/19/06   *94* 749-5875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #