

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90092 049 ****55.00



DOCUMENT # L04000009226
 1. Entity Name
MMS MARINAS I, LLC

Principal Place of Business 1801 SOUTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432 US	Mailing Address 1801 SOUTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432 US
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2. Principal Place of Business 200 W PALMETTO PARK	3. Mailing Address 200 W. PALMETTO PARK
Suite, Apt. #, etc. SUITE 302	Suite, Apt. #, etc. SUITE 302

City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 20-0737616	Applied For Not Applicable
Zip 33432	Country PAUM BCH	Zip 33432	Country PAUM BCH

07112006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
KISSMAN, DENNIS P
 1801 SOUTH FEDERAL HWY
 SUITE 200
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
200 W. PALMETTO PARK
SUITE 302
 City **BOCA RATON FL** Zip Code **33432**

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 *Dennis P. Kissman* **DENNIS P. KISSMAN** DATE **7/11/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISSMAN, DENNIS P 1801 SOUTH FEDERAL HWY BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 W PALMETTO PARK SUITE 302 BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: *Dennis P. Kissman* **DENNIS P. KISSMAN** DATE **7/11/06** DAYTIME PHONE # **338-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #