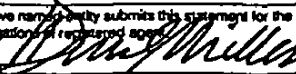


FILED
Jun 08, 2005 8:00 am
Secretary of State

04-20-2005 90033 038 ****55.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000013565		
1. Entry Name SUPER YACHTPORTS, LLC		
Principal Place of Business 11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408		Mailing Address 11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408
2. Principal Place of Business 2401 PGA Boulevard	3. Mailing Address 2401 PGA Boulevard	03032005 Chg-LLC CR2E063 (10/03)
Suite, Apt. #, etc. Suite 148	Suite, Apt. #, etc. Suite 148	
City & State Palm Beach Gardens	City & State Palm Beach Gardens	4. FEI Number 65-1251635
Zip FL 33410	Country USA	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MILLER, DONALD W ESQ 11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard, Suite 148 City & State Palm Beach Gardens FL Zip Code 33410
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  MILLER, Donald W ESQ 8/8/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing.) DATE		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR FIRST PARTNERS CORP 11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR FIRST PARTNERS, LLC 2401 PGA Boulevard, Suite 148 Palm Beach Gardens, FL 33410 ☒ 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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.		
SIGNATURE  Mark Fricker, DIR		4/8/05 (561) 625-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #