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. Entity Name
SUPER YACHTPORTS, LLC

30009008

Principal Place of Business	Mailing Address
11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408	11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408

03032005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
2401 PGA Boulevard	2401 PGA Boulevard
Suite, Apt. #, etc. Suite 148	Suite, Apt. #, etc. Suite 148
City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip FL 33410 Country USA	Zip FL 33410 Country USA

4. FEI Number 65-1251635 ☐ 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
MILLER, DONALD W ESQ 11300 US HWY ONE, STE 203 NORTH PALM BEACH, FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard, Suite 148 City 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 [signature] Miller, Donald W ESQ 8/8/05
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, 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	COPY	☐ 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 608, Florida Statutes.

SIGNATURE: [signature] H. Max 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 #