

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016920

Entity Name: NAUTICAL FLAIR, L.L.C.

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

2815 BROADWAY
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

2815 BROADWAY
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 06-1718877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ERICKSON, MICHAEL W PRES
13972 88TH PLACE NORTH
WEST PALM BEACH, FL 33412 US

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.

SIGNATURE: MICHAEL W ERICKSON

01/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ERICKSON, MICHAEL W
Address: 2815 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MGRM (X) Delete
Name: KAHN, CLAUDIA A
Address: 2815 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MGRM () Delete
Name: ERICKSON, PAMELA B
Address: 2815 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL W ERICKSON

PRES

01/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date