

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022144

Entity Name: EAU GALLIE MARINE, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

1717 AURORA ROAD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1717 AURORA ROAD
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 20-0898545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRASNY, SCOTT
304 S. HARBOR CITY BLVD., SUITE 201
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHARDS, THOMAS
Address: 1717 AURORA ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: MGR () Delete
Name: BEAHAN, JOE C
Address: 1717 AURORA ROAD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: OWNR (X) Change () Addition
Name: RICHARDS, THOMAS
Address: 1717 AURORA ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: OWNR (X) Change () Addition
Name: BEAHAN, JOE C
Address: 1717 AURORA ROAD
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHELLE T. PHILLIPS

MGR

07/05/2006

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