2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 21, 2005 8:00 am Secretary of State

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01-21-2005 90
01-21-2003 30

DOCUMENT # LU4000050150 1. Entity Name . PORT MAYACA LAND LLC							01-21-2005 9	0095 05	0 ****50.	.00
			Mailing Address 515 S. FLAGLER DRIVE WEST PALM BEACH, FL					000I	.`	;
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Number	20-13303	73		plied For t Applicable
Zip Country		Zip Count		itry		f Status Desired	;	\$5.00 Add Fee Required	litional	
	6. Name	and Address of Current F	legistered Agent			7. Name and A	ddress of New Re	egistered A	gent	
BOOSE V	MILLAM R) III	. – ,		Name ·		•			
BOOSE, WILLIAM R III 515 S. FLAGLER DRIVE STE. 1900 WEST PALM BEACH, FL 33401				Street Address (P.O. Box Number	is Not Acceptable)	***		
	-				City			FL	Zip Code	e
	named entit		the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flor	rida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent as	nd title if applicable. (NOTE	E; Registere	d Agent signature required	when reinstating)		DATE	1.50	 _
Filing Fee is \$50.00 Due by May 1, 2005										
Fi	iling Fee i ue by Ma	is \$50.00 y 1, 2005	50.					e check pa Departme	ayable to ent of State	
Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2005 MANAGING MEMBEF	RS/MANAGERS	10.				Departme		a Link
	MGRM JERMAN, 515 S. FL		S/MANAGERS Delete	TITL! NAM STRE	1		Florida	Departme		
9. TITLE CONCENTRATE STREET ADDRESS	MGRM JERMAN, 515 S. FL	MANAGING MEMBER RICHARD A AGLER DRIVE STE. 191	S/MANAGERS Delete	TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP		Florida	Departme	ent of State	<u>(2</u> %)
9. TITLE CAUCE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM JERMAN, 515 S. FL	MANAGING MEMBER RICHARD A AGLER DRIVE STE. 191	Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE	EE ADDRESS -ST-ZIP EE E EE EEE ADDRESS -ST-ZIP EE E E E E E E E E E E E E E E E E E E		Florida	Departme	Change	☐ Addition
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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 fimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: