


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90075 007 \*\*\*138.75

<b>DOCUMENT #</b> L04000050150	
<b>1. Entity Name</b> PORT MAYACA LAND LLC	

<b>Principal Place of Business</b> 515 N. FLAGLER DRIVE STE. 1900 WEST PALM BEACH, FL 33401	<b>Mailing Address</b> 515 N. FLAGLER DRIVE STE. 1900 WEST PALM BEACH, FL 33401
---	---

<b>2. Principal Place of Business - No P.O. Box #</b> 500 AUSTRALIAN AVE S.	<b>3. Mailing Address</b> 500 AUSTRALIAN AVE S.
<b>Suite, Apt. #, etc.</b> SUITE 710	<b>Suite, Apt. #, etc.</b> SUITE 710
<b>City &amp; State</b> WEST PALM BEACH, FL	<b>City &amp; State</b> WEST PALM BEACH, FL
<b>Zip</b> 33401	<b>Zip</b> 33401
<b>Country</b> USA	<b>Country</b> USA



01192008 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-1330373	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  BOOSE, WILLIAM R III 515 N. FLAGLER DRIVE STE. 1900 WEST PALM BEACH, FL 33401
---

<b>7. Name and Address of New Registered Agent</b>  Name: HERBERT F. KAHLERT Street Address: 500 AUSTRALIAN AVE. SOUTH Suite 710 City: WEST PALM BEACH FL Zip Code: 33401
--

**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.**

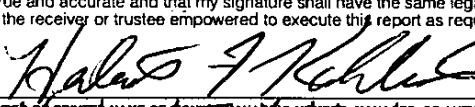
**SIGNATURE**  **DATE**

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> BOOSE, III, WILLIAM R 515 N. FLAGLER DRIVE STE. 1900 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CO-MGRM</b> BOOSE, III, WILLIAM R. 631 US HIGHWAY ONE, STE. 305 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CO-MGR</b> KAHLERT, HERBERT F. 500 AUSTRALIAN AVE. S., STE. 710 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **DATE** **Daytime Phone #**