

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90156 033 ****55.00

DOCUMENT # L04000057872

1. Entity Name
PROFESSIONAL MARINE REALTY LLC



Principal Place of Business
**3430 S.W. 27TH STREET
FT. LAUDERDALE, FL 33312 US**

Mailing Address
**3430 S.W. 27TH STREET
FT. LAUDERDALE, FL 33312 US**

20040100



2. Principal Place of Business
9135C SW 20th Place
Suite, Apt. #, etc.

3. Mailing Address
9135C SW 20th Place
Suite, Apt. #, etc.

03302005 Chg-LLC CR2E083 (10/03)

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
20-1457873

Applied For
Not Applicable

Zip
33324-5068

Country
Broward

Zip
33324-5068

Country
Broward

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STRAW, CARL B
3430 S.W. 27TH STREET
FT. LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9135C SW 20th Place
City **Davie** FL Zip Code **33324-5068**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STRAW, CARL B
3430 S.W. 27TH STREET
FT. LAUDERDALE, FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**9135C SW 20th Place
Davie, FL 33324-5068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Carl B Straw*

30 March 05

954-260-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #