2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90481 019 ****50.00

DOCUMENT # L04000057872

1. Entity Name
PROFESSIONAL MARINE REALTY LLC

Principal Place of Business	Mailing Address
9135C SW 20TH PLACE DAVIE, FL 33324 US	9135C SW 20TH PLACE DAVIE, FL 33324 US

03082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3504 Gurrero Drive	3504 Gurrero Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32940 Country: U.S	Zip: 32940 Country: U.S.

4. FEI Number: 20-1457873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STRAW, CARL B
9135C SW 20TH PLACE
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name: Carl B. Straw (same as before)
Street Address (P.O. Box Number is Not Acceptable): 3504 Gurrero Drive
City: Melbourne FL Zip Code: 32940

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAW, CARL B 9135C SW 20TH PLACE DAVIE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Carl B. Straw 3504 Gurroro Drive Melbourne, FL 32940 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAW, SHARON K 91356 SW 20TH PL DAVIE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sheron K. Straw 3504 Gurrero Drive Melbourne, FL 32940 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: Carl B Straw 8 March 2007 321.637.8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #