


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90039 036 ****50.00

DOCUMENT # L04000061782	
1. Entity Name FORT PIERCE WATERFRONT TERMINALS, LLC	

Principal Place of Business 9130 SOUTH DADELAND BLVD. SUITE 1500 MIAMI, FL 33156	Mailing Address 9130 SOUTH DADELAND BLVD. SUITE 1500 MIAMI, FL 33156
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2. Principal Place of Business 331 Almeria Avenue	3. Mailing Address 331 Almeria Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Country USA



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1697272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PERRY, JAMES H II 9130 SOUTH DADELAND BLVD. SUITE 1500 MIAMI, FL 33156	
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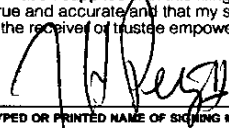
7. Name and Address of New Registered Agent Name James H. Perry II Street Address (P.O. Box Number is Not Acceptable) 331 Almeria Ave City Coral Gables FL Zip Code 33134	
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8. The above named entity submits this statement for the purpose of changing 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 4-18-06

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, JAMES H II 9130 SOUTH DADELAND BLVD., SUITE 1500 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James H. Perry II 331 Almeria Ave Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 # _____