


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90065 047 ***138.75

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

Principal Place of Business 331 ALMERIA AVE CORAL GABLES, FL 33134	Mailing Address 331 ALMERIA AVE CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 2550 S. Bayshore Drive Suite, Apt. #, etc. Suite 11 City & State Miami FL Zip 33133 Country USA	3. Mailing Address 2550 S. Bayshore Drive Suite, Apt. #, etc. Suite 11 City & State Miami FL Zip 33133 Country USA
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01202008 Chg-LLC CR2E083 (12/06)

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 2550 SOUTH BAYSHORE DR SUITE 11 MIAMI, FL 33133	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 James H. Perry II, Mgr DATE 11/21/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, JAMES H II 2550 SOUTH BAYSHORE DR SUITE 11 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 James H. Perry II, Mgr 1-21-08