


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90029 041 ****55.00

DOCUMENT # L04000078385	
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1. Entity Name CRICKET COVE BOAT CLUB LLC	Principal Place of Business 5300 N.W. 12TH AVENUE, #1 FT. LAUDERDALE, FL 33309	Mailing Address 5300 N.W. 12TH AVENUE, #1 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business 4495 BAKER ST.	3. Mailing Address 4495 BAKER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LITTLE RIVER, S.C.	City & State LITTLE RIVER, S.C.
Zip 29566	Country USA
Zip 29566	Country USA



05022005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent MOGERMAN, RICHARD M ESQ. C/O RICHARD M. MOGERMAN, P.A. 150 SOUTH PINE ISLAND ROAD, SUITE 130 PALANTAION, FL 33324
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4. FEI Number 202021098	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

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.	DATE
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Filing Fee is \$50.00 Due by September 7, 2005	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	MGRM POLIDORE, JOSEPH R 5300 N.W. 12TH AVENUE, #1 FT. LAUDERDALE, FL 33309 <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	MGRM SARCOMO, ARMAND P 5300 N.W. 12TH AVENUE, #1 FT. LAUDERDALE, FL 33309 <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
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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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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 5/10/05 Date	DAYTIME PHONE # 843-249-7169 Daytime Phone #
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