

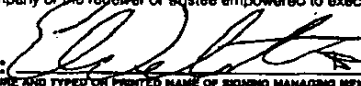
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Apr 18, 2005 8:00 am
Secretary of State

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03-07-2005 90060 012 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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DOCUMENT # L04000079942					
1. Entity Name LAUDERDALE BOAT MART & MARINA, LLC					
Principal Place of Business 90400 OVERSEAS HIGHWAY TAVERNIER, FL 33070			Mailing Address 90400 OVERSEAS HIGHWAY TAVERNIER, FL 33070		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1836615	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOHATCH, JOHN S ESQ 2600 DOUGLAS ROAD, PH-8 CORAL GABLES, FL 33134			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS PEDRO DE LATORRE, JR., AS TRUSTEE 90400 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIAS PEDRO DE LATORRE III, AS TRUSTEE 90400 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIS DE LATORRE, AS TRUSTEE 90400 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ 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 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 Trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			ELIAS P. DE LA TORRE, III 3/1/05 305-852-5424		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					