2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000004566 1. Entity Name ALTMAN HARBORAGE YACHT CLUB GP, LLC					04-28-2006 90	0018 044 ****50.	00	
Principal Place	e of Business	Mailing Address	1					
1515 S. FEDERAL HIGHWAY STE 300 1515 S. FEDERAL HIGHW BOCA RATON, FL 33432 BOCA RATON, FL 33432				1 (53)(8	. 811 23121 2411 2211 2211 8311	11 20 11: 22 11: 210: 211: 2		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0217200	6 Chg-LLC	CR2E083 (11/05)		
City & State		City & State		3. FEI Nu	nber 108118	 	pplied For ot Applicable	
Zip	Country	Zip	Country		ate of Status Desired	□ \$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
DEUTCH, JEFFREY A P.A.			Name					
7777 GLADES ROAD STE. 300 BOCA RATON, FL 33434			Street A	Address (P.O. Box Nu	mber is Not Acceptable	9)		
	·							
	•		City			FL Zip Coo	ie	
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered agent, or	both, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE.								
	Signature, typed or printed name of registered anent a	nd title if applicable (NOTE)	Renettered Ament sinns	ture required when reinstation		DATE		
Fi Di	Signature, typed or printed name of registered agent a ling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating	Mak	DATE e check payable to a Department of Staf	te	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006				Mak Florida ADDITIONS/	e check payable to a Department of State	de	
Di	ling Fee is \$50.00		10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	managina The Allman	ADDITIONS/	e check payable to a Department of State	Addition	
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	managina The Allman	Mak Florida ADDITIONS/	e check payable to a Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS Delete .	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	managina The Allman	ADDITIONS/	e check payable to a Department of State CHANGES The Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS Delete . Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	managina The Allman	ADDITIONS/	check payable to a Department of State (CHANGES Change Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	managina The Allman	ADDITIONS/	check payable to a Department of State (CHANGES Change Change	Addition 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 trule 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 of the effective of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: July Type or Printed name of Signing Managing Member, Manager, or authorized Representative Date Conjugate Phone #