


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90418 004 ****50.00

DOCUMENT # L05000006043 1. Entity Name STAR MARINE OF PALM BEACH, L.L.C.					
Principal Place of Business 2385 PGA BLVD., SUITE C PALM BEACH GARDENS, FL 33410			Mailing Address 2385 PGA BLVD., SUITE C PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NICHOLS, L. WESLEY 11380 PROSPERITY FARMS ROAD, SUITE 204 PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)</small>					
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	SOLE MEMBER MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIMOTHY C. MCNUITY		NAME		
STREET ADDRESS	2385 PGA BLVD., SUITE C		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: TIMOTHY C. MCNUITY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/23/06 581-630-2720 <small>Date Daytime Phone #</small>		



ATTACHMENT
30002595

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

STAR MARINE OF PALM BEACH, L.L.C.
2385 PGA BLVD., SUITE C
PALM BEACH GARDENS, FL 33410

Subject: STAR MARINE OF PALM BEACH, L.L.C.

Reference Number: L05000006043

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION