



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90068 009 \*\*\*\*50.00

<b>DOCUMENT # L05000023988</b> 1. Entity Name <b>PIRATES POINT YACHT CLUB &amp; MARINA, LLC</b>					
Principal Place of Business <b>130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324</b>			Mailing Address <b>130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01132006    Chg-LLC    CR2E083 (11/05)	
Zip                      Country		Zip                      Country		4. FEI Number <b>41-2169896</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MAYER, THOMAS 4529 N PINE ISLAND ROAD SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent Name <u>Mayer, Thomas</u> Street Address (P.O. Box Number is Not Acceptable) <u>130 South University Drive, Suite A</u> <u>Plantation, FL</u> City <u>Plantation</u> <b>FL</b> Zip Code <u>33324</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/13/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYER, THOMAS 4529 N PINE ISLAND ROAD SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mayer, Thomas 130 South University Drive, Suite A Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, DALE 130 South University Drive, Suite A Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, DALE 130 South University Drive, Suite A Plantation, FL 33324 <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: <u>[Signature]</u> <u>Dale Wood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1/13/06</u> Daytime Phone # <u>954-370-0600</u>		