

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023988

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** PIRATES POINT YACHT CLUB & MARINA, LLC

**Current Principal Place of Business:**

130 S UNIVERSITY DR SUITE A  
PLANTATION, FL 33324

**New Principal Place of Business:**

130 S UNIVERSITY DR  
SUITE A  
PLANTATION, FL 33324

**Current Mailing Address:**

130 S UNIVERSITY DR SUITE A  
PLANTATION, FL 33324

**New Mailing Address:**

130 S UNIVERSITY DR  
SUITE A  
PLANTATION, FL 33324

**FEI Number:** 41-2169896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYER, THOMAS  
130 S. UNIVERSITY DR  
SUITE A  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAYER, THOMAS  
Address: 130 S. UNIVERSITY DR SUITE A  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM ( ) Delete  
Name: WOOD, DALE  
Address: 130 S. UNIVERSITY DR SUITE A  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS MAYER

MGRM

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date