

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030979

Entity Name: NAUTICAL HORIZONS, LLC

FILED  
Mar 29, 2006  
Secretary of State

**Current Principal Place of Business:**

104 MIRACLE STRIP PKWY SW  
FT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

104 MIRACLE STRIP PKWY SW  
FT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 38-3718968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAGLIARI, ROBERT S  
113 MEMORIAL PKWY NW  
FT WALTON BEACH, FL 32548 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: PAGLIARI, ROBERT S  
Address: 113 MEMORIAL PKWY NW  
City-St-Zip: FT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: TRAFTON, CHRISTOPHER D  
Address: 1036 BLUERIDGE DR  
City-St-Zip: FT WALTON BEACH, FL 32547 US

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: ROBERT S PAGLIARI

MGRM

03/29/2006

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