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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
06 SEP 19 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30013134

DOCUMENT # L05000031746

1. Entity Name
FAST TIMES MARINE INTERESTS, LLC

Principal Place of Business	Mailing Address
~~2060 N.W. BOCA RATON BOULEVARD STE 6~~	~~2060 N.W. BOCA RATON BOULEVARD STE 6~~
~~BOCA RATON, FL 33431~~	~~BOCA RATON, FL 33431~~

07132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1046 melaleuca Rd.	1046 melaleuca Rd
Suite, Apt. #, etc. DELRAY BEACH	Suite, Apt. #, etc. DELRAY BEACH
City & State FLORIDA	City & State FLORIDA
Zip 33483 Country Palm Beach	Zip 33483 Country Palm Beach

4. FEI Number 27-0119687 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVER, BERT R
2060 N.W. BOCA RATON BOULEVARD STE 6
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] Elaine H. Morris 7/14/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ELAINE H. MORRIS 1046 melaleuca Rd. DELRAY BEACH, FL 33483 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: [signature] Elaine H. Morris 7/14/06 561-789-8097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #