

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049292

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: ANNAPOLIS CATAMARAN CENTER, LLC

**Current Principal Place of Business:**

10455 N.W. 12TH STREET  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10455 N.W. 12TH STREET  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 20-2997079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HATIC, HAAS A  
100 W. CYPRESS CREEK ROAD, STE. 700  
FORT LAUDERDALE, FL 33309 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: MGR ( ) Delete  
Name: ESSERMAN, RONALD  
Address: 10455 N.W. 12TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: P ( ) Change (X) Addition  
Name: MURRAY, HUGH  
Address: 10455 NW 12TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Change (X) Addition  
Name: HOCTOR, JOHN W  
Address: 10455 NW 12TH STREET  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD ESSERMAN

MGR

03/20/2006

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