


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90039 023 ****50.00

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| DOCUMENT # L05000051566 |  |
| 1. Entity Name FLORIDA HOMEPORT INVESTORS LLC | |

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|---|---|
| Principal Place of Business 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462 | Mailing Address 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462 |
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|---|--|
| 2. Principal Place of Business 1801 S. FEDERAL HWY Suite, Apt. #, etc. SUITE 300 City & State DELRAY BEACH, FL Zip 33483 Country USA | 3. Mailing Address 1801 S. FEDERAL HWY Suite, Apt. #, etc. SUITE 300 City & State DELRAY BEACH FL Zip 33483 Country USA |
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03092006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-2891794 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent PARK, MICHAEL G ESQ. 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462 1801 S. FEDERAL HWY STE 300 DELRAY BEACH, FL 33483 | | 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, 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 May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARK, MICHAEL G 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1801 S. FEDERAL HWY, STE 300 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] MICHAEL PARK, MGRM

3/13/06 561-582-4434