2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083096

City-St-Zip:

Entity Name: PORPOISE POINT DEVELOPEMENT GROUP, LLC.

FILED Jun 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business.	New Principal Place of Business.
6348 SALADO DRIVE ST. AUGUSTINE, FL 32080 US	33 WATER STREET ST. AUGUSTINE, FL 32084 US
Current Mailing Address:	New Mailing Address:
6348 SALADO DRIVE ST. AUGUSTINE, FL 32080 US	33 WATER STREET ST. AUGUSTINE, FL 32084 US
FEI Number: FEI Number Applied For (X) In accordance with s. 607.193(2)(b), F.S., the limited liability comp Name and Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () cany did not receive the prior notice. Name and Address of New Registered Agent:
Name and Address of Ourient Registered Agent.	Name and Address of New Registered Agent.
GRAUBARD, ROBERT 6348 SALADO DRIVE ST. AUGUSTINE, FL 32080 US	GRAUBARD, ROBERT 33 WATER STREET ST. AUGUSTINE, FL 32084 US
The above named entity submits this statement for the puin the State of Florida.	rpose of changing its registered office or registered agent, or both,
SIGNATURE: ROBERT GRAUBARD	06/13/2006
Electronic Signature of Registered Agen	nt Date
MANAGING MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: () Delete Name: Address: City-St-Zip:	Title: MGRM () Change (X) Addition Name: GRAUBARD, ROBERT M Address: 33 WATER STREET City-St-Zip: ST. AUGUSTINE, FL 32084
Title: () Delete Name: Address: City-St-Zip:	Title: MGRM () Change (X) Addition Name: SMITH, CHARLES K Address: 211 PORPOISE POINT DRIVE City-St-Zip: ST. AUGUSTINE, FL 32084
Title: () Delete Name: Address:	Title: MGRM () Change (X) Addition Name: RIVERFRONT DEVELOPEM, ENT TRUST AGRE E MENT Address: 57 COMARES AVE

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.

City-St-Zip: ST. AUGUSTINE, FL 32084

SIGNATURE: ROBERT GRAUBARD MGRM 06/13/2006