

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000114339

FILED
Oct 05, 2006
Secretary of State

Entity Name: INDIAN RIVER MARINA, LLC

Current Principal Place of Business:

27 NORTH SUMMERLIN AVENUE
ORLKANDO, FL 32801 US

New Principal Place of Business:

27 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801 US

Current Mailing Address:

27 NORTH SUMMERLIN AVENUE
ORLKANDO, FL 32801 US

New Mailing Address:

27 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801 US

FEI Number: 20-3864752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, STEPHEN M ESQ
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 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: PAI, VIDYA
Address: 27 NORTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: KAMAT, MINAL
Address: 27 NORTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAFFER, SADIQUE
Address: 790 SUMMA AVENUE
City-St-Zip: WESTBURY, NY 11590 US

Title: MGRM (X) Change () Addition
Name: LUTHRA, VIJAY
Address: 27 NORTH SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32801 US

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: SADIQUE JAFFER

MGRM

10/05/2006

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