

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90094 044 ***138.75

60004881



DOCUMENT # L06000040843 1. Entity Name PORT MAYACA LAKE ESTATES LLC																													
Principal Place of Business 515 S FLAGLER DRIVE STE 1900 WEST PALM BEACH, FL 33401			Mailing Address 515 S FLAGLER DRIVE STE 1900 WEST PALM BEACH, FL 33401																										
2. Principal Place of Business - No P.O. Box # 631 US Highway One Suite, Apt. #, etc. Suite 305 City & State North Palm Beach FL Zip 33408		3. Mailing Address 631 US Highway One Suite, Apt. #, etc. Suite 305 City & State North Palm Beach FL Zip 33408		01052008 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 20-5176933		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 BOOSE, WILLIAM R III 515 S FLAGLER DRIVE STE 1900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Cottie E. Rankin Street Address (P.O. Box Number is Not Acceptable) 631 US Highway One Suite 305 City North Palm Beach FL Zip Code 33408																										
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 DATE 1/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOOSE, WILLIAM R III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 S FLAGLER DRIVE STE 1900</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33401</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	BOOSE, WILLIAM R III		STREET ADDRESS	515 S FLAGLER DRIVE STE 1900		CITY-ST-ZIP	WEST PALM BEACH, FL 33401		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">CO-MGR</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Boose, William R III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>631 US Highway One, Ste. 305</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>North Palm Beach, FL 33408</td> <td></td> </tr> </table>			TITLE	CO-MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Boose, William R III		STREET ADDRESS	631 US Highway One, Ste. 305		CITY-ST-ZIP	North Palm Beach, FL 33408	
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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: DATE 1/18/08 DAYTIME PHONE # 561-310-7869 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													