2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

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Entity Name: STEVEIVO SAILBOAT POINTE, LLC

Current Principal Place of Business:

13627 DEERING BAY DRIVE, #502
CORAL GABLES, FL 33158

New Principal Place of Business:

5425 SW 97TH CT.
MIAMI, FL 33165

Current Mailing Address:

13627 DEERING BAY DRIVE, #502
CORAL GABLES, FL 33158

New Mailing Address:

5425 SW 97TH CT
MIAMI, FL 33165

FEI Number: 20-5653212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD, SUITE 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: FLETCHER, STEVEN M
Address: 13627 DEERING BAY DRIVE, #502
City-St-Zip: CORAL GABLES, FL 33158

Title: MGR ( ) Delete
Name: RIVEIRO, IVO
Address: 13627 DEERING BAY DRIVE, #502
City-St-Zip: CORAL GABLES, FL 33158

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLETCHER, STEVEN M
Address: 5425 SW 97TH CT.
City-St-Zip: MIAMI, FL 33165

Title: MGR (X) Change ( ) Addition
Name: RIVEIRO, IVO
Address: 5425 SW 97TH CT.
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN M. FLETCHER MGR 04/13/2008

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