## 2007 LIMITED LIABILITY COMPANY

## Aug 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000114167 08-02-2007 90031 040 \*\*\*\*50.00 1. Entity Name REGATTA DOCK SYSTEMS, LLC Principal Place of Business Mailing Address 60054087 6524 PASTURE LAND PLACE 6524 PASTURE LAND PLACE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SEVEN HERONF Suite, Apt. #, etc. Suite, Apt. #, etc. 07272007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For CT 20 - 8075298 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 06763 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION COMPANY OF ORLANDO Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH ORANGE AVENUE **SUITE 1000 (DTO)** ORLANDO, FL 32801 City Zip Code FL 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 September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE Addition ☐ Delete ☐ Change MICHAEL LAURETAND SEVEN HERON POINTE NAME MAME STREET ADDRESS STREET ADDRESS MORRES, CT 06763 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE TITLE Addition ☐ Delete ☐ Change PATRICK BYANE NAME NAME 15 CRYSTAL DREVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P EASTGRANBY, CT 06026 ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the

11. Thereby 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

SIGNATURE: SIGNATURE AND TYPED OR P

ATRICK J. OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

860 5820233

Daytime Phone #