

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002387

Entity Name: AQUAPORT, L.C.

FILED
Mar 15, 2006
Secretary of State

Current Principal Place of Business:

568 NINTH STREET, SUITE 137
NAPLES, FL 341026620

New Principal Place of Business:

568 9TH STREET SOUTH
SUITE 137
NAPLES, FL 341026620 US

Current Mailing Address:

568 NINTH STREET, SUITE 137
NAPLES, FL 341026620

New Mailing Address:

568 9TH STREET SOUTH
SUITE 137
NAPLES, FL 341026620 US

FEI Number: 48-1208626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, NORMAN C
568 NINTH STREET, SUITE 137
NAPLES, FL 341026620 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: BURKE, NORMAN C
Address: 568 NINTH ST., STE. 137
City-St-Zip: NAPLES, FL 341026620

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURKE, NORMAN C
Address: 568 NINTH ST., STE. 137
City-St-Zip: NAPLES, FL 341026620

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: NORMAN C BURKE

MGR

03/15/2006

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