

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 001 ****50.00

DOCUMENT # L99000002585	
1. Entity Name ADMIRALTY HOLDINGS, LLC	

Principal Place of Business 8889 PELICAN BAY BLVD., SUITE 201 NAPLES FL 34108	Mailing Address 8889 PELICAN BAY BLVD., SUITE 201 NAPLES FL 34108
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2. Principal Place of Business - No P.O. Box # 1415 Panther Lane	3. Mailing Address 1415 Panther Lane
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Naples, FL	City & State Naples, FL
Zip 34109	Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 59-3590842	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 AUTERA, MICHAEL E 8889 PELICAN BAY BOULEVARD, SUITE 201 NAPLES FL	
7. Name and Address of New Registered Agent Name Autera, Michael E. Street Address (P.O. Box Number is Not Acceptable) 1415 Panther Lane Suite 204 City Naples FL Zip Code 34109	

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADMIRALTY PARTNERS, L.P. 8889 PELICAN BAY BOULEVARD, SUITE 201 NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Admiralty Partners, L.P. 1415 Panther Lane, Suite 204 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Michael E. Autera as Manager of Royal Admiralty, LLC;**
General Partner of Admiralty Partners, LP;
Member of Admiralty Holdings, LLC **4/30/07** **239-591-6795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #