


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002406 1. Entity Name NAUTILUS ROYAL MANAGEMENT, LLC																																										
Principal Place of Business 601 CLEVELAND ST. SUITE #320 CLEARWATER, FL 33755		Mailing Address 601 CLEVELAND ST. SUITE #320 CLEARWATER, FL 33755																																								
DO NOT WRITE IN THIS SPACE																																										
5. Name and Address of Current Registered Agent RIGG, H. JOHN 601 CLEVELAND ST. SUITE #320 CLEARWATER, FL 33755		DO NOT WRITE IN THIS SPACE																																								
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____																																										
Filing Fee is \$50.00 Due by May 1, 2006																																										
B. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>RIGG, H. JOHN</td></tr><tr><td>STREET ADDRESS</td><td>601 CLEVELAND ST., #320</td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER, FL 33755</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	RIGG, H. JOHN	STREET ADDRESS	601 CLEVELAND ST., #320	CITY-ST-ZIP	CLEARWATER, FL 33755	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<p>U00000546803 05/11/06-80131-005 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4/19/06 Daytime Phone #: 727-461-2100																																								



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CR2E083 (11/05)

4. FEI Number 77-0601616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	