2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # M05000000346 BLACK PEARL MARINA, L.L.C. Principal Place of Business Mailing Address 144 KINGS HWY. S.W. 144 KINGS HWY, S.W. DOVER, DE 19901 DOVER, DE 19901 01172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0867006 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIMMERMAN, MICHAEL A DO NOT WRITE 19137 S.E. FEDERAL HWY. TEQUESTA, FL 33467 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. (NOTE: Registered Agent signature regulred when reinstating) DATE Signature, typed or pricted game of registered agent and little if applicable. Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ZIMMERMAN, MICHAEL A NAME STREET ADDRESS 144 KINGS HWY, S.W. U00000538569 05/09/06-80063-025 50.00 C(TY+ST-782 **DOVER, DE 19901** TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT: F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TATLE NAME

11. I hereby certify that the information supplied with this filling 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 received or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF S NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytme Phone #