

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000528

Entity Name: SMOOTHIE SAILING, LLC

FILED
Jul 18, 2006
Secretary of State

Current Principal Place of Business:

64 FLAMINGO ST.
NEW ORLEANS, LA 70124

New Principal Place of Business:

Current Mailing Address:

64 FLAMINGO ST.
NEW ORLEANS, LA 70124

New Mailing Address:

FEI Number: 20-1596887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MYERS, WILLIAM
44 WICKER CIRCLE, BLDG. 810
EGLIN AFB, FT. WALTON, FL 32542 US

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: BERTEL, DONNA
Address: 64 FLAMINGO ST.
City-St-Zip: NEW ORLEANS, LA 70124

Title: MGRM (X) Delete
Name: MYERS, WILLIAM
Address: 44 WICKER CIRCLE BLDG., 810
City-St-Zip: EGLIN AFB, FL

Title: MGRM () Delete
Name: BERTEL, ROBBERT
Address: 64 FLAMINGO ST.
City-St-Zip: NEW ORLEANS, LA 70124

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA M BERTEL

MGRM

07/18/2006

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