


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90111 021 ****50.00

DOCUMENT # M05000004440	
1. Entity Name PORT & STARBOARD LLC	

Principal Place of Business PO BOX 111715 NAPLES, FL 34108	Mailing Address PO BOX 111715 NAPLES, FL 34108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20051100



07112006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
COTTER, TIMOTHY J P.A. 599 9TH STREET NORTH #313 NAPLES, FL 34102	

7. Name and Address of New Registered Agent	
Name Bob LARSON	
Street Address (P.O. Box Number is Not Acceptable) 4250 LAKE FOREST DR #323	
City DAVITA SPRINGS	Zip Code 34134

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 Bob LARSON <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 8-3-06 <small>(NOTE: Registered Agent signature required when reappointing)</small>

Filing Fee is \$50.00 Due by September 8, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARSON, BOB PO BOX 111715 NAPLES, FL 34108 <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 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 605, Florida Statutes.	
SIGNATURE: Bob LARSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 8-3-06 DAYTIME PHONE # 239-287-3375