2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000083580

PALM BEACH MARINA HOLDING CORP.



Principal Place of Business

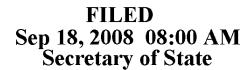
RIVER BEND MARINA

1515 SW 20TH STREET FT LAUDERDALE, FL 33315-1899 Mailing Address

250 ROYAL PALM WAY

SUITE 300

PALM BEACH, FL 33480





DO	NOT	WRITE	IN	THIS	SPA	CE
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05142008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0548511 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LESLIE ROBERT EVANS- ASSOCIATES 214 BRAZILIAN AVENUE SUITE 200

PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

8.	B. 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 are	m familiar with, and accept
	the obligations of registered agent.	
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rinted name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

09/18/08-80004-007 158.75

U000000959883

10. OFFICERS AND DIRECTORS TITLE Р MATTHEWS, ROBERT V NAME 250 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480

TITLE PERRY, DONALD R III NAME STREET ADDRESS 250 ROYAL PALM WAY CITY-ST-ZIP PALM BEACH, FL 33480

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE A ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR