2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L00000010043

Entity Name: BEST OF BOAT WORLDS, L.L.C.

Current Principal Place of Business:

411 SEVENTH AVE 1200
PITTSBURGH, PA 15219

New Principal Place of Business:

411 SEVENTH AVE 1200
PITTSBURGH, PA 15219 US

Current Mailing Address:

411 SEVENTH AVE 1200
PITTSBURGH, PA 15219

New Mailing Address:

411 SEVENTH AVE 1200
PITTSBURGH, PA 15219 US

FEI Number: 59-3669926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, CLARK
464 SW 5TH AVE
FT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: JENNISON, THOMAS A
Address: 218 TECH ROAD
City-St-Zip: PITTSBURGH, PA 15205

Title: MGR ( ) Delete
Name: JENNISON, KATHLEEN A
Address: 218 TECH ROAD
City-St-Zip: PITTSBURGH, PA 15205

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JENNISON, THOMAS A
Address: 218 TECH ROAD PITTSBURGH PA 15205
City-St-Zip: PITTSBURGH, PA 15205 US

Title: MGR (X) Change ( ) Addition
Name: JENNISON, KATHLEEN A
Address: 218 TECH ROAD PITTSBURGH PA 15205
City-St-Zip: PITTSBURGH, PA 15205 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS A JEENISON MGRM 04/28/2009

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