2004 LIMITED LIABILITY COMPANY

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000025891** 04-26-2004 90047 012 ****50.00 1. Entity Name WAGNER BOATING, LLC Principal Place of Business Mailing Address 2222 KINGS FISH RD 310 N. ALABAMA ST NAPLES, FL 34102 340 INDIANAPOLIS, IN 46204 2. Principal Place of Business 222 KINGFISH RD 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04192004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 06-1650570 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVATT, JEFF M ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVE. SOUTH, SUITE 201 NAPLES, FL 34102 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 Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Delete TITLE TITLE ☐ Change Addition WAGNER, TIMOTHY L NAME NAME 2222 KINGFISH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE Addition NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

usare

SIGNATURE:

4/2//04

317-509-4095

FILED