2005 LIMITED LIABILITY COMPANY

Mar 28, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000014364 03-28-2005 90285 007 ****50.00 FREEDOM BOAT CLUB LLC Principal Place of Business Mailing Address *20024334* 1538 STICKNEY POINT ROAD 1538 STICKNEY POINT ROAD SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 16-1663457 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. Change TITLE Delete TITLE ☐ Addition KUBIK, RAVMOND D. KUNIK, RAYMOND D NAME NAME 2726 OBSERVATORY AVE. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CINCINNATI, OH 45208 CITY-ST-ZIF TITLE MGRM ☐ Delete ☐ Change ■ Addition NIELSEN, S. CHRISTIAN III NAME NAME 2726 OBSERVATORY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI, OH 45208 MGRM TITLE ☐ Delete □ Addition NAME JONES-STEVEN A NAME STREET ADDRESS 2726 OBSERVATORY AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI, OH 45208 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #