2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # L04000037277 04-25-2005 90101 006 ****50.00 J. W. BOAT WORKS, LLC Principal Place of Business Mailing Address 1045 WEST 30TH STREET 1045 WEST 30TH STREET 20045446 **RIVIERA BEACH FL 33404** RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address moble 045 Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State 12141 2a SC City & State 4. FĘI Ŋumber Applied For Not Applicable Country P. S Zip \$5.00 Additional 5. Certificate of Status Desired 33400 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCIS, JUNIOR W 1045 WEST 30TH STREET Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH FL 33404 City 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. (NOTE Registered Agent signature required when reinstatung) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** ☐ Delete Change ☐ Addition NAME FRANCIS, JUNIOR W NAME STREET ADDRESS 1045 WEST 30TH STREET STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

Date