


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90516 018 ***138.75

DOCUMENT # L05000082682

1. Entity Name
CAPE CORAL BOAT RENTALS, LLC



Principal Place of Business Mailing Address

1503 S.E. 46TH LANE **2715 E. OAKLAND PARK BLVD., SUITE 201**
CAPE CORAL FL 33904 **FT. LAUDERDALE FL 33306**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

13-4308860 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALOIA, FRANK J JR.
2250 FIRST STREET
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name
GALLERIA ASSET MANAGEMENT CORP

Street Address (P.O. Box Number is Not Acceptable)
2715 E OAKLAND PARK BLVD

SUITE 300

City State Zip Code
FT LAUDERDALE FL 33306

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 _____ DATE **4/22/08**

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent's signature required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SENESI, FRED	2715 E. OAKLAND PARK BLVD., SUITE 300	FT. LAUDERDALE FL 33306	<input type="checkbox"/>
MGRM	LESOUSKY, JOHN	2715 E. OAKLAND PARK BLVD., SUITE 201	FT. LAUDERDALE FL 33306	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ DATE: **4/22/08** DISPLAY # **988-518-9885**

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