


FILED
Jun 13, 2007 8:00 am
Secretary of State

05-31-2007 90151 012 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000022260 1. Entity Name SALTY BOATS LLC	
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Principal Place of Business 54 N DIXIE HWY #2 STUART, FL 34994	Mailing Address 54 N DIXIE HWY #2 STUART, FL 34994
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30010636



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4407891	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent GATES, RACHEL 54 N DIXIE HWY #2 STUART, FL 34994	7. Name and Address of New Registered Agent Name Peter Aschmitt Street Address (P.O. Box Number is Not Acceptable) 15 Heritage way City Stuart FL Zip Code 34990
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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 *Peter Aschmitt* (NOTE: Registered Agent signature required when re-appointing) DATE **5/29/07**

**Filing Fee is \$50.00
 Due by September 14, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
Delete <input type="checkbox"/>	D SCHMIDT, PETER 15 HERITAGE WAY STUART, FL 34996	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>	D FERRIS, MICHAEL G 11402 DOLPHIN LANE N PALM BEACH, FL 33408	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>	D MACCORMACK, PAUL 8729 TOMPSON POINT RD. PORT ST. LUCIE, FL 34986	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Peter Aschmitt* DATE: **5/29/07**

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