

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002008

FILED
Apr 30, 2008
Secretary of State

Entity Name: SKINNY DIPPER CRUISES, LLC

Current Principal Place of Business:

1500 ATLANTIC BOULEVARD
212
KEY WEST, FL 33040 US

New Principal Place of Business:

737 LOVE LANE
KEY WEST, FL 33040 US

Current Mailing Address:

1500 ATLANTIC BOULEVARD
212
KEY WEST, FL 33040 US

New Mailing Address:

737 LOVE LANE
KEY WEST, FL 33040 US

FEI Number: 61-1516718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WAYNE L
333 FLEMING STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MEYERS, MARY BETH CPA
3201 FLAGLER AVENUE
SUITE 506
KEY WEST, FL 33040 US

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.

SIGNATURE: MARY BETH MEYERS, CPA

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, TIMOTHY
Address: 1500 ATLANTIC BOULEVARD
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR (X) Delete
Name: LEIBY, BOB
Address: 737 LOVE LANE
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEIBY, BOB
Address: 737 LOVE LANE
City-St-Zip: KEY WEST, FL 33040 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY BETH MEYERS

CPA

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date