

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002008

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Entity Name:** SKINNY DIPPER CRUISES, LLC

**Current Principal Place of Business:**

737 LOVE LANE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

1501 OLIVIA STREET  
KEY WEST, FL 33040 US

**Current Mailing Address:**

737 LOVE LANE  
KEY WEST, FL 33040 US

**New Mailing Address:**

1501 OLIVIA STREET  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, TIMOTHY  
Address: 1501 OLIVIA STREET  
City-St-Zip: KEY WEST, FL 33040 US

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

RA

03/03/2009

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