



FILED
Mar 06, 2008 8:00 am
Secretary of State

02-01-2008 90044 031 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000015214							
1. Entity Name ARPA WATERCRAFT, LLC							
Principal Place of Business 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401			Mailing Address 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <i>Not Applicable</i>			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired			<input type="checkbox"/> \$5.00 Additional Fee Required				
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ARSENAULT, GERARD A 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reselecting)</small>							
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			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ARSENAULT, GERARD A		NAME				
STREET ADDRESS	800 N. FLAGLER DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PATY, MARK C		NAME				
STREET ADDRESS	1883 TRAVIS COURT		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			Date: 1/23/08 (561) 655-3113				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____ Daytime Phone: _____				

For tax purp
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