## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 28, 2005 08:00 AM Secretary of State

MINIONE ILLION				Secretary of Stat	
1. Entity Nam	MENT # M00000 BOAST WATERWAY IN			Secretary or State	
Principal Plac 6453 EAST I FLAGLER BE	•	Mailing Address 10800 SIKES PLACE 250 CHARLOTTE, NC 28277			
r ·	O NOT WE	ITE IN THIS SOA	<u>r</u>	03232005 No Chg-LLC CR2E083 (10/03)	
DO NOT WRITE IN THIS SPA			OE .	4. FEI Number         Applied For           56-2184356         Not Applicable	
				5. Certificate of Status Desired	
	6. Name and Address of C	current Registered Agent			
KATZ, B. PAUŁ 1 FLORIDA PARK DRIVE SOUTH, ATRIUM STE PALM COAST, FL 32137				DO NOT WRITE IN THIS SPACE	
8. The above the obligat SIGNATURE	named entity submits this state ions of registered agent.			red agent, or both, in the State of Florida. I am familiar with, and accept	
Fi	iling Fee is \$50.00 ue by May 1, 2005	ret agent and too it appreatite (NOTE, Hogiste	red Agent signature required	U08000273406 03/28/05-80064-017 50.00	
9.	MANAGING	MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, WILLIAM G 10800 SIKES PLACE, SUI CHARLOTTE, NC 28277	TE 250			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS			·		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fimited flability company or the receiver or, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #