2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000000469

1. Entity Name BOUNTY BOATS, LTD.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134



01042007 No Chg-LP

CR2E003 (12/06)

Applied For 4. FEI Number 65-0908044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134		IN THIS SPACE	
	named entity submits this statement for the purpose of changing it ions of registered agent.	is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$90	00.00	
	NOTE: General Partners MAY NOT be changed on	NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P99000026819 BOUNTY BOATS, INC. 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134	DO NOT WRITE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME		IN THIS SPACE	
STREET ADDRESS CITY+ST-ZIP		U00000747636 	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP