CR2E003 (5/01)

941-454-2628

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DOCU 1. Entity Nam			FUED				
DEE: 0	AGOON BOAT CLUB, LTD.			.01	** ~~`	}	
Principal Plac	ce of Business	Mailing Address			JUL 27 M 8: 4	7,	
SANDALWOO 4760 TAMIAM NAPLES FL 3	I l Trail-North, Suite- 6 #103	-NAPLES FL 34103	SANDALWOOD SOUARE 4760 TAMIAMI TRAIL NORTH SUITE 8 NAPLES FL 34103		CRETARY OF STATE LAHASSEE, FLORIDA		
	address Cha						
14030	Place of Business DMc Gregor Blva	l. 4. Mailing Address 14030 McC	refor B	Ivd	((89(24) 1010 (9(1) (90)(101		** *********************************
Suite, Apt.		Suite, Apt. #, etc.			DUE BY SE	PTEMBER	26, 2001
City & Stat	iners Fl 33919	City & State Fort Myo	us Hor		4. FEI Number 65-07652	218	Applied For Not Applicable
3391	9 Country USA	33919	Country		5. Certificate of Status Desire	d X	\$8.75 Additional Fee Required.
	6. Name and Address of Curren				7. Name and Address of Ne	, -	d Agent
SANDALV	ibsamerica, L.C. Yood S QUARE IIAMI TRAIL NORTH, SUITE 6 FL 34103	14030 McGregor Fort Myors, Fl 33919	-Blvd Street Ar	ddress (F	P.O. Box Number is Not Accept	able)	Zip Code
8. The above	named emity submits this statement	for the purpose of changing its r	egistered office or	registere	ed agent, or both, in the State o		<u>- </u>
	Ta Kuth	President	EdR	Thus	·/:	روازح	
SIGNATURE .	 	nt and title if applicable. (NOTE:	Registered Agent signatu	ire required		I DATE	
9. Capital Contributions as Shown on record. \$3,000,000.00 In FLORIDA to display the state of th							ILE TO DEPT. OF STATE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENT AY NOT be changed on th	FITY MUST BE F	REGIST	ERED AND ACTIVE WITH	THIS OFFI	CE.
12.	GENERAL PARTNE		13.			CHANGES C	
DOCUMENT # NAME	L98000000839 BOATCLUBSAMERICA, L.C.	NATE A	STREET ADDRESS	141	030 McGreg	or B	lvd.
STREET ADDRESS CITY-ST-ZIP	.4760 TAMIAMI TRAIL NORTH; S NAPLES FL 34103	one o -	CITY-ST-ZIP	FH	Hyers H	or 3	33919
DOCUMENT #			STREET ADDRESS	<u> </u>	71.5	;	
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NAME . Street åddress			STREET ADDRESS			<u>.</u>	
CITY-ST-ZIP		·	CITY-ST-ZIP			. !	
indicated	ertify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	d that my signature shall have th	ie same legal effec	t as if ma	tion 119.07(3)(i), Florida Statute ade under oath; that I am a Gen	es. I further co eral Partner	ertify that the information of the limited partnership or

STAPLE CHECK HERE

SIGNATURE: