

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012774

Entity Name: TROLLEY BOATS, L.L.C.

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

406 WALKER ST  
HOLLY HILL, FL 32117 US

## New Principal Place of Business:

## Current Mailing Address:

406 WALKER STREET, SUITE 3  
HOLLY HILL, FL 32117 US

## New Mailing Address:

P.O. BOX 265542  
DAYTONA BEACH, FL 32126 US

FEI Number: 59-3694108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REDMAN, DONALD R  
289 GLENWOOD RD.  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

COLLINS, LINDA L  
314 THACKERY ROAD  
ORMOND BEACH, FL 32174 US

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: LINDA L COLLINS

01/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: REDMAN, DONALD R  
Address: 289 GLENWOOD RD.  
City-St-Zip: DELAND, FL 32720 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STEPLOCK, LOU MD  
Address: 805 EAST 2ND STREET  
City-St-Zip: CASPER, WY 82601 US

Title: MGRM ( ) Change (X) Addition  
Name: BEAGLE, DAVID  
Address: 10544 14TH AVENUE NW  
City-St-Zip: SEATTLE, WA 98177 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. LOU STEPLOCK

MGRM

01/09/2007

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