APR-22-04 03:01 PM

FILED
May 11, 2004 8:00 am
Secretary of State
05-11-2004 90001 004 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015784

1. Entity Name
FAST CAT BOATWORKS LLC

24071547

Principal Place of Business	Mailing Address
1300 HENDRY STREET FT. MYERS, FL 33901	1300 HENDRY STREET FT. MYERS, FL 33901

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1635 N. Bayshore Dr.	1635 N. Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33132 Country: Miami-Dade	Zip: 33132 Country: Miami-Dade

4. FEI Number: 36-4414572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIDSHAL, JOAN 220 NORTH TOTLE AVE, STE B SARASOTA, FL 34237	Name: Fridshal, Joan Street Address (P.O. Box Number Is Not Acceptable): 12A East Ave, South, Suite 104 City: Sarasota FL Zip Code: 34239

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTOS, MARK 1300 HENDRY STREET FORT MYERS, FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Antos 1635 N. Bayshore Dr. Miami, FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ 04/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #