LIMITED LIABILITY COMPANY

SIGNATURE:

UNIFORM BUSINESS REPORT (OBK)					
DOCUMENT # L01000005084 1. Entity Name SOWANNEE STEAMBOUT LINES LLC DO NOT WRITE IN THIS SPACE				02 APR 30 AM IO: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500054321851 -05/03/0201012006	
City & State	City & State City & State			4. FEI Number Applied For Not Applied	ole
Zip 3 2 C	Country Sewonne	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	٦
	DO NOT W		Street Address	7. Name and Address of Current Registered Agent LLINGS INC. s (P.O. Box Number is Not Acceptable) 2. NW /6 Th. ST. LAUDENDALE FL Zip Code	
SIGNATURE	The state of the s	Jevi	ry RFIETche	tered agent, or both, in the State of Florida. ev, VR 4/30/0 Z DATE	
9.	MANAGING MEMBEI	, D	yable to Department DUE BY MAY 1	of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLORIDA Horse 18662 HWY IZ MSALPIN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		(1000)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trust e	hat my signature shall have t	the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes. 76 h (27) (39)	

386 330-5100