

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005567

FILED  
Jan 23, 2007  
Secretary of State

**Entity Name:** EVERGLADES ISLAND BOAT TOURS, LLC.

**Current Principal Place of Business:**

929 DUPONT STREET  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540  
EVERGLADES CITY, FL 34139

**New Mailing Address:**

**FEI Number:** 59-3697612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REWIS SR, EDDIE R  
1133 REWIS DRIVE  
CHOKOLOSKEE, FL 34138 US

**Name and Address of New Registered Agent:**

REWIS, EDDIE R SR  
1133 REWIS DRIVE  
CHOKOLOSKEE, FL 34138 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: EDDIE R REWIS

01/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DANIELS, CRAIG M SR  
Address: 1130 REWIS DRIVE  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: MGRM ( ) Delete  
Name: REWIS, EDDIE R JR  
Address: 1195 CHOKOLOSKEE DR  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: MGRM ( ) Delete  
Name: REWIS, LORNA  
Address: 1130 REWIS DRIVE  
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: MGRM ( ) Delete  
Name: DANIELS, MARTHA A  
Address: 1130 REWIS DRIVE  
City-St-Zip: CHOKOLOSKEE, FL 34138

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDDIE R REWIS JR

MGRM

01/23/2007

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