2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# L01000005567

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 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: MARTHA DANIELS MANG 07/18/2008

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