2006 LIMITED LIABILITY COMPANY

FILED ıte

ANNUAL REPORT				Jan 20, 2006 08:00		
DOCUMENT # L0100008060 1. Entity Name WAGNER POWER BOATS, LLC						ry of Sta
Principal Plac 811 11TH A BRADENTON		Mailing Address 811 11TH AVE, WEST BRADENTON, FL 34205				
				01172006 No Chg-LLC CR2E083 (11/05)		
	O NOT WRITE	IN THIS SPA	\CE	4. FEI Number 06-1643878		Applied For
				5. Certificate of Status De	esired [] \$5	Not Applicable .00 Additional .Required
	6. Name and Address of Current	Registered Agent		Settor lettotaria	1.66	* reddillen
SCHULTZ, ROBERT H 1101 9TH AVENUE WEST BRADENTON, FL 34205			Treasure on the Barbara and	DO NOT IN THIS	15 多。 15 多。 15 多。 15 多。 15 多。 15 多。 15 多。 16 8。 16 8 8。 16 8 8 16 8 8	
	named entity submits this statement for tions of registered agent.	the purpose of changing its regis	tered office or register	ed agent, or both, in the Sta	te of Florida. I am fam	iliar with, and accept
SIGNATURE.	Signature, typed or crinted name of registered agent a	and title if applicable. (NOTE Regis	tered Agent signature required	when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBE	RS/MANAGERS			TANGAR KATARA KA	
TITLE NAME STREET ADDRESS CITY - ST. ZIP	MGR WAGNER, GARY L 1909 25TH AVE W BRADENTON, FL 34205		700 mg			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					700000 725706-8002	7-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	articles a supplied that is the state of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The second of th			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fliability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE