2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2004
Secretary of State

DOCUMENT# L01000009597

Entity Name: TROLLEY BOATS AMPHIBIOUS TOURS, LLC

Current Principal Place of Business:

406 WALKER ST
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

406 WALKER ST
STE 3
DAYTONA BEACH, FL 32117

New Mailing Address:

406 WALKER ST
DAYTONA BEACH, FL 32117

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDMAN, DONALD R
528 S. BCH ST
ORMOND BEACH, FL 32174

Name and Address of New Registered Agent:

REDMAN, DONALD R
622 S. BCH ST
ORMOND BEACH, FL 32174

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: DONALD R. REDMAN 07/20/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: REDMAN, GWENDOLYN
Address: 528 S. BCH ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: REDMAN, CHRIS
Address: 528 S. BCH ST
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: REDMAN, GWENDOLYN D
Address: 622 S. BCH ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Change ( ) Addition
Name: REDMAN, CHRIS
Address: 622 S. BCH ST
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GWENDOLYN D. REDMAN MGR 07/20/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date