2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 06, 2004 8:00 am Secretary of State **DOCUMENT # L01000013480** 1. Entity Name 02-06-2004 90163 028 ****50.00 SEASCAPE FLOATING RENTALS, LLC Mailing Address Principal Place of Business P. O. BOX 1804 TAVERNIER FL 33070 たえいひひひゃっち MANGROVE MARINA 200 FLORIDA AVE **TAVERNIER FL 33070** 2. Principal Place of Business 3. Mailing Address KEY LARGE OCEAN Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 74825 OVERGER'S HWY Applied For City & State City & State 4. FEI Number 65-1131007 KEY Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired 33037 MONROE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUFUTZ STEPHEN F. KURUTZ, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) KEY LACCO OLEAN RESOFT 200 FLORIDA AVENUE TAVERNIER FL 33070 94825 OVERSEL'S HUY LOT ZZG Zip Code 33037 8. 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. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE **MGRM** □ Delete TITLE ☐ Change ☐ Addition KURUTZ, STEPHEN F. KURUTZ, STEPHEN F NAME NAME 94825 OVEKSEAS HUY KEY LARGO OCEAN 200 FLORIDA AVENUE 04825 OVER SEASH REFORT TAVERNIER FL 33070 KEY LARGO, FL. 33637 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL. 3303T TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

305-522-4075