2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

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ANNUAL REPORT	
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DOCUMENT # L02000002092 1. Entity Name OKEÉCHOBEE BOAT ENTERPRISES, L.L.C. Ann37698 Principal Place of Business Mailing Address 3126 HIGHWAY 441 SOUTH 3126 HIGHWAY 441 SOUTH OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 03062007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For MKEECK, BEE OKLECK.BU 02-0555865 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 3126 HIGHWAY 441 SOUTH OKEECHOBEE, FL 34974 Zip Code 3+97+ 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Change Addition TITLE ☐ Delete TITLE WILLIAMS, CHARLES H NAME NAME 1018 SW 6TI STRICE STREET ADDRESS 3126 HIGHWAY 441 SOUTH STREET ADDRESS CITY-ST-ZIP OKLECUSCE FR 34914 OKEECHOBEE, FL 34974 CITY-ST-ZIP TITLE Delete TITI F WILLIAMS, JANET L NAME NAME low SUGA STREET STREET ADDRESS 3126 HWY 441 S STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Larles Williams