

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006847

FILED
Apr 28, 2004
Secretary of State

Entity Name: CLASSIC BOATS AND BOATYARDS MANAGEMENT, L.L.C.

Current Principal Place of Business:

1930 SAN MARCO BOULEVARD, SUITE 201
ST. MARK'S PLACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

550 JEFFERSON DRIVE
SUITE 110
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

1930 SAN MARCO BOULEVARD, SUITE 201
ST. MARK'S PLACE
JACKSONVILLE, FL 32207

New Mailing Address:

550 JEFFERSON DRIVE
SUITE 110
DEERFIELD BEACH, FL 33442 US

FEI Number: 52-2367645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD., SUITE 201
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LAMBERT, VANESSA
550 JEFFERSON DRIVE
SUITE 110
DEERFIELD BEACH, FL 33442 US

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: VANESSA LAMBERT

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TAGLIAPIETRA, ANDREA
Address: 1930 SAN MARCO BOULEVARD, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAGLIAPIETRA, ANDREA
Address: 550 JEFFERSON DRIVE, SUITE 110
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ANDREA TAGLIAPIETRA

MGRM

04/28/2004

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