FILED Feb 26, 2003 8:00 am Secretary of State 01-24-2003 90256 005 ****50.00

1/2

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT IME BOATING,	те пс	06973								
			Mailing Address	430 GRAND BAY DRIVE, APT. 1002			.~	×*-			
			430 GRAND BAY DRIVE. A KEY BISCAYNE FL 33149				APPRINT DIE GAINS 18TH DANIE GENERAL DANIE				
2. Principal Place of Business			S. Mailing Address	\$. Mailing Address							
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 02058 6508 Applied For Not Applicable				
Zip		Country •	21p	Coun	try	<u> </u>	ete of Status Destred	F.	e Requi	dditional red	
	6. Name	and Address of Current	Registered Apent			7. Name a	nd Address of New F	teglatered Ag	ent		ᆛ_
SUX.	SA, ENPIQU			. <u>1771</u> 74	- Name		- :	~ ~	<u>. </u>		. -
430 GRAND BAY DRIVE, APT. 1002 KEY BISCAYNE FL 33149			•		Street Address (P.O. Box Nun	nber is Not Acceptable)	•		
				İ							
			·		City			FL	Zip Co		
the obligation	tions of regist	ered agent.	the purpose of changing its	s registere	od office or register	ed agent, or t	ooth, in the State of Flo	rida. I am far	niliar with	n, and accept	1
	Bignature, typed	of printed having of registered agent a	nd tide If applicable. (NOT	E: Registered	Agent signature required	when minetaling)		DATE			
			Make Check Payab Du	le to Flo	EE IS \$50.00 orlda Departmer ny 1, 2003	nt of State		•			
9.	1 A C Ta	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			コー
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CITY-ST-ZIP TITLE	Key	BISCAYNE,	FL 33149	TITLE	\$7-2P			Č) Change	☐ Addition	
NAME STREET ADDRESS CITY-SY-2P					TADORESS .						
TITLE			☐ Deleta	TITLE					Change	☐ AddRion	1
KAMESTREET AUCRESS			<u> </u>	STREE	T ADDRESS	*			 .,		- ∤
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TITLE NAME STREET ADORESS	li		☐ Deinte	TITLE NAME STREET	ADORESS				Changs	Addition	
CITY-ST-ZIP TILE	<u> </u>		Delete	CITY-S	1-29				Change	☐ Addition	4
VAME STREET ADORESS CITY-S1-ZIP	l			NAME	ADDRESS T-ZIP				-	الماعيية ال	
TTLE CAME			() Delete	TITLE		 `		0	Change	Addition	
STREET ADDRESS STY-ST-ZIP		·	. 20	CITY-S							
indicated t	an ans report (is ivus and accurate and th	his filling does not qualify for it at my signature shall have the impowered to execute this re	ne same k aport as n	agal effect as if made equired by Chapter	d8 under oath	i: that I am a manaoin	g member ör i	negener	of the	
SIGNATI	URE:	519 CO OF MANTED NAME OF SE	19E FERRI	QUE		ATT/FE	1/5/03	3053		373	
			 								• 4



FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

January 28, 2003

FAMILIA BOATING, LLC 430 GRAND BAY DRIVE, APT. 1002 KEY BISCAYNE, FL 33149

Subject: FAMILIA BOATING, LLC

Reference Number: _______ L0200006973

L02000006973)-5-5-0-1/246

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JG

ANNUAL REPORTS SECTION

TRM THE Sweet & Manager (10080d, else Is INVOLVED)

Enriore: I Sosar
430 Grand Bay DI #1002
Key BISCAYNE, FL 33149