2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

THE NUMBER BOAT, L.C.  Principles Place of Business 1900 SE, 1511 STREET FORT LANDERNALE F, 33716  2. Making Address 1900 SE, 1511 STREET FORT LANDERNALE F, 33716  2. Making Address 1900 SE, 1511 STREET FORT LANDERNALE F, 33716  2. Making Address 1900 SE, 1511 STREET FORT LANDERNALE F, 33716  2. Making Address 2. Making Address 2. Making Address 3. State R, 4, 401.  3. State R, 6, 61.  3. State R, 6, 61.  3. State R, 64. State  2. Donning 2. Donning 3. State 3. State R, 64. State		ANNUAL N	EPU	er (An)	ı			$\mathbf{F}_{\mathbf{a}}\mathbf{b}_{\mathbf{a}}\mathbf{O}\mathbf{c}^{-1}$	2006	00.00	A TA/E
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Country   Zip   Country   Zip   Country   S. Certificate of Status Diseased   S. 5.00 Additional Fee Required Agent   7. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name	Suite. Apt #. etc.		Suite,	Apt. #, etc.			-	Ist MOORE	CR2E08	3 (10/05)	
S. Country  Country  S. Countr	City & State		City & !	State		<del></del>	4. FEI Nun	04-36725	554	<del>}}</del> -	
MCCRORY, J. WALTER 1612 EAST BROWARD BLVD., SUTTE 200 FORT LAUDERDALE FL 33301  6. The above named antity submits file statement for the purpose of changing its registered affect or registered agont, or both, in the State of Florida. I am lamber with, and accept the obligations of requisitered agont.  SIGNATURE    Decide   Purpose of changing its registered affect or registered agont, or both, in the State of Florida. I am lamber with, and accept the obligations of requisitered agont.    FL	Zip	Country	Zıp		Count	ту	5. Certifica	ate of Status Desire	.q 🔲	\$5.00 Add	iltional
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City FL Zep Code  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. Tam laminar with, and accept the obligations of registered agent.  SIGNATURE    Convert   Device   De						Name					
E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE	MCCHORY, J. WALTER 1512 EAST BROWARD BLVD., SUITE 200 FORT LAUDERDALE FL 33301					Street Add	dress (P.O. Box Nur	s (P.O. Box Number is Not Acceptable)			
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