


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90103 031 ****50.00

DOCUMENT # L02000013957
 1. Entity Name
DOS AMIGOS BOAT WORKS, LLC



Principal Place of Business Mailing Address
 2913 WESTSIDE BLVD. 2913 WESTSIDE BLVD.
 JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32209

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** Delete
 NAME: **VICKERS, EDGAR B**
 STREET ADDRESS: **2913 WESTSIDE BLVD.**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32209**

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

10. ADDITIONS/CHANGES

TITLE: **MGRM** Change Addition
 NAME: **TRUSTEE, VICKERS, EDGAR B**
 STREET ADDRESS: **2913 WESTSIDE BOULEVARD**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32209**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

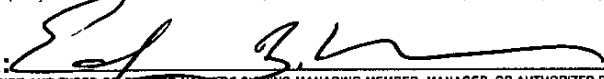
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: **1/31/05** Daytime Phone #: **904-764-6541**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
EDGAR B. VICKERS, TRUSTEE OF EDGAR B. VICKERS DECLARATION OF LIVING TRUST

20007718



01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
03-0462238 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required