

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016310

FILED
Jan 11, 2004
Secretary of State

Entity Name: COACHMAN BOATERS LLC

Current Principal Place of Business:

25400 US 19 NORTH, SUITE 152
CLEARWATER, FL 33763 US

New Principal Place of Business:

25400 US 19 NORTH
SUITE 152
CLEARWATER, FL 33763 US

Current Mailing Address:

25400 US 19 NORTH, SUITE 152
CLEARWATER, FL 33763 US

New Mailing Address:

25400 US 19 NORTH
SUITE 152
CLEARWATER, FL 33763 US

FEI Number: 03-0468202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTU, DAVID O
25400 US 19 NORTH, SUITE 152
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

CANTU, DAVID O
25400 US 19 NORTH
SUITE 152
CLEARWATER, FL 33763 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:

01/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CANTU, DAVID O
Address: 25400 U.S. 19 N. SUITE 152
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM () Delete
Name: COHEN, LANCE
Address: 25400 U.S. 19 N. SUITE 152
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID O. CANTU

MGRM

01/11/2004

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