

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90077 010 ****50.00

DOCUMENT # L02000032159

1. Entity Name

SEBASTIAN RIVERBOAT TOURS, LLC



Principal Place of Business

1542 N. INDIAN RIVER DR.
SEBASTIAN FL 32958

Mailing Address

1542 N. INDIAN RIVER DR.
SEBASTIAN FL 32958

2. Principal Place of Business

1542 Indian River Drive

3. Mailing Address

1542 Indian River Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FEI Number

02-0655686

Applied For

Not Applicable

Zip

32958

Country

USA

Zip

32958

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, SETH Z
C/O KURZBAN, KURZBAN, WEINGER & TETZELI PA
2650 S.W. 27TH AVE., STE. 200
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME WARD, BEVERLEY
STREET ADDRESS 9455 E. MAIDEN CT.
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete
NAME EROMIN, JACK
STREET ADDRESS 595 CROSS CREEK DR.
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME PINSON, CHRIS
STREET ADDRESS 476 ARBOR STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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NAME
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CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Chris Pinson VP 4-20-04 772-589-1115