

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90212 041 \*\*\*\*50.00

<b>DOCUMENT # L02000032159</b>					
<b>1. Entity Name</b> SEBASTIAN RIVERBOAT TOURS, LLC					
<b>Principal Place of Business</b> 1550 N. INDIAN RIVER DR. SEBASTIAN, FL 32958			<b>Mailing Address</b> 2585 LAGOON COURT VERO BEACH, FL 32963		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1550 INDIAN RIVER DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SEBASTIAN FL		<b>4. FEI Number</b> 02-0655686	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 32958		Country USA		02112006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  JOSEPH, SETH Z C/O KURZBAN, KURZBAN, WEINGER & TETZELI PA 2650 S.W. 27TH AVE., STE. 200 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name <b>BEVERLEY A WARD</b> Street Address (P.O. Box Number is Not Acceptable) 2585 LAGOON COURT City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32963</b>		
<b>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.</b>					
SIGNATURE <i>B A Ward</i>		B A WARD		04/04/2006	
Filing Fee is \$50.00 Due by May 4, 2006		Make check payable to Florida Department of State		(NOTE: Registered Agent signature required when reinstating)	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEBASTIAN ENTERTAINMENT 1550 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>B A Ward</i> B A WARD 04/04/2006 772-589-1115					