## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED DOCUMENT # L03000032467 Feb 09, 2007 08:00 AM 1. Entity Namo **Secretary of State** BANYAN BOATWORKS, L.L.C. Principal Place of Business Mailing Address PO BOX 15163 GAINESVILLE FL 32604 207 SE 10TH PL **GAINESVILLE FL 32601** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) Cily & State City & State 4. FEI Number Applied For 56-2391486 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GROENE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 909 N.W. 6TH STREET **GAINESVILLE FL 32601** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change ☐ Addition HILE MGR Delete THE U00000629588 02/19/07-80007-004 50.00 ΝΑΜΓ NAME GROENE, RICHARD STREET ADDRESS STREET ADDRESS 909 N.W. 6TH STREET CITY-ST-ZIP CHY-S1-7P GAINESVILLE FL 32601 Addition HILLE ☐ Delete HH Change STREET LADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-7P Delete mu ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIF THE ☐ Delete THE ☐ Change Addition NAME NAMI STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition NAME STREET LADDRESS STREET ADDRESS CITY-S1-ZIP CHY-S1-74P ☐ Change Addition THIE ☐ Delete NAME NAMI. STREET ADDRESS STREET ADDRESS

11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: RICHARD S. Groene SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE