## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT #1 03000035860

**FILED** Mar 24, 2005 08:00 AM Secretary of State

DOCCIVILIAI # FOOOOOOOO
1. Entity Name
BOCA BOAT CHARTERS, LLC



Principal Place of Business

Mailing Address

**5801 CONGRESS AVENUE** BOCA RATON, FL 33487

5801 CONGRESS AVENUE BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

03152005 No Chg-LLC

CR2E083 (10/03)

4. FEi Number 20-0240998 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394			DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chartions of registered agent.	 nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algorithms required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVE 5801 CONGRESS AVENUE BOCA RATON, FL 33487		U00000275319 03/24/05-80050-001 50.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			an an aman an a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CXTY-ST-ZIP		IN	THIS SPACE	
TITLE Name Street address City-St-Zip				
TITI F				

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 of trustee enjoywered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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