2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Šecretary of Sta	
DOCUMENT # L03000035860				_	secretary or su
Entity Name BOCA BOAT CHARTERS, LLC					
	577 017771270, 220				
J	ce of Business	Mailing Address			
	RESS AVENUE N, FL 33487	5801 CONGRESS AVENUE BOCA RATON, FL 33487			
DOCK KATO	N, I L. 33407	DOCA RATON, FL. 33407		 	BRIDE KIIRI EKSÜLÜÜNE BIIII ERKERLIII IEEK
	O NOT WRITE	IN THIS SDA	CF	03202008 No Chg-LLC	CR2E083 (12/07)
				4. FEI Number 20-0240998	Applied For Not Applicable
				Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
MOMBACI	H, GEOFFREY S ESQ.			DO NOT W	DITE
C/O MOMBACH, BOYLE & HARDIN, P.A.				DO NOT W	
500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394			The same	IN THIS SP	ACE
			1987 C. 188		
	named entity submits this statement for tions of registered agent	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
	Signature, typed or printed name of registered agent an	d title if applicable, (NOTE: Register	ed Agent signature required	when rainstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBER	S/MANAGERS		7 :	
TITLE	MGRM		()	•	
NAME STREET ADDRESS	WOLF, STEVE 5801 CONGRESS AVENUE		R)		
CITY-ST-ZIP	BOCA RATON, FL 33487			U00000	941805
TITLE			्रेड्ड इंड	05/28/08~	80121-007 138,75
NAME STREET ADDRESS				4 - m	
CITY-ST-ZIP					
TITLE					
NAME CTREET ADDRESS			\$	بعدها والمستخرج أراية عاما يولدونه أوادا	ر در
STREET ADORESS CITY-ST-ZIP				DO NOT W	RITE
TITLE				IN THIS SP	ACE
NAME			it is	III I IIIO OF	ACE
STREET ADDRESS CITY+ST-ZIP			, , , , , ,		
TITLE		······································			

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 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP

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

4/30/08

Sul-498.5600

Daylime Phone #