2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

07-16-2004 90142 009 ****55.00

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1. Entity Name
CLASSIC ELECTRIC BOATS, LLC

Principal Place of Business	Mailing Address
~~320 PALM ISLES CT.~~ ~~PUNTA GORDA, FL 33590~~	~~320 PALM ISLES CT.~~ ~~PUNTA GORDA, FL 33590~~

07072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5828 Cape Harbour Drive	Same as Place
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State
Zip: 33914 Country: Lee	Zip Country

4. FEI Number: 20-0214430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANG, ROBERT L 320 PALM ISLES CT. PUNTA GORDA, FL 33590	Name: Robert L. Mang, Sec/Treasurer Street Address (P.O. Box Number is Not Acceptable): 1104 Appian Drive City: Punta Gorda FL Zip Code: 33950

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: President NAME: Robert G. Mang STREET ADDRESS: 5334 S. Chiquita Blvd. CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Suite #202 NAME: Cape Coral, FL 33914 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Robert G. Mang 7/13/04 941-661-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #