2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L03000039548

Entity Name: CLASSIC ELECTRIC BOATS, LLC

Current Principal Place of Business:

5828 CAPE HARBOUR DR
STE 206
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

5828 CAPE HARBOUR DR
STE 206
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-0214430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANG, ROBERT L
1104 APPIAN DR
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MANG, ROBERT G P
Address: 5334 S CHIQUITA BLVD STE 202
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM ( ) Delete
Name: MANG, ROBERT L S, T
Address: 1104 APPIAN DR
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MANG, ROBERT G P
Address: 5781 CAPE HARBOUR DRIVE, SUITE #1302
City-St-Zip: CAPE CORAL, FL 33914 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT G. MANG MGR 07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date