

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044293

Entity Name: MANTA CATAMARANS, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

2383 INDUSTRIAL BLVD
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1220 S.W. 35TH AVENUE, SUITE A
BOYNTON BEACH, FL 33426

New Mailing Address:

5300 NW 33RD AVE
SUITE 201
FORT LAUDERDALE, FL 33309

FEI Number: 54-2133532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARLEN, ROBERT M
110 EAST ATLANTIC AVE., SUITE 330
DELRAY BEACH, FL 33444 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/MEMBERS:

Title: MGRM () Delete
Name: EVEN, DANIEL R
Address: 1220 S.W. 35TH AVENUE, SUITE A
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: EVEN, SARAH E
Address: 1220 SW 35TH AVENUE, SUITE A
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EVEN, DANIEL R
Address: 5300 NW 33RD AVE SUITE 201
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Change () Addition
Name: EVEN, SARAH E
Address: 5300 NW 33RD AVE SUITE 201
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARAH E. EVEN

MGR

04/21/2005

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