

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048339

FILED
May 05, 2009
Secretary of State

Entity Name: BOAT HOUSE, L.L.C.

Current Principal Place of Business:

850 NE 78 STREET
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1245 NE 98 STREET
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 52-2408322 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:

Name and Address of New Registered Agent:

PALMER, CYNTHIA S
1245 NE 98 STREET
MIAMI SHORES, FL 33138 US

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: PALMER, CYNTHIA
Address: 1245 NE 98 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MGR () Delete
Name: FLEMING, JENNIFER
Address: 1245 NE 98 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MGR () Delete
Name: COLE, DIANA
Address: 1245 NE 98 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

ADDITIONS/CHANGES:

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

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

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: CYNTHIA PALMER

MGR

05/05/2009

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