

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90008 005 ****55.00

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| DOCUMENT # L03000054648 | | | | | |
| 1. Entity Name J & B BOATLIFT SYSTEMS LLC | | | | | |
| Principal Place of Business 2614 SW BOATRAMP RD PALM CITY, FL 34990 | | | Mailing Address 2614 SW BOATRAMP RD PALM CITY, FL 34990 | | |
| 2. Principal Place of Business 7605 MARTIN HWY | | 3. Mailing Address 7605 MARTIN HWY | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04222004 Chg-LLC CR2E083 (10/03) | |
| City & State PALM CITY FL | | City & State PALM CITY FL | | 4. FEI Number 20-0513935 | |
| Zip 34990 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 E JEFFERSON ST TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name: CLIFF DONNELLY Street Address (P.O. Box Number is Not Acceptable): C/O J+B BOATLIFTS 7605 MARTIN HIGHWAY City: PALM CITY FL Zip Code: 34990 | | |
| 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: | | | | DATE: 4-22-04 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State HSS | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DONNELLY, CLIFFORD 1 MISTY MORNING DR HILTON HEAD, SC 29926 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: | | | | Date: 4-22-04 Daytime Phone #: 772 219-0315 | |