

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90533 042 ****50.00

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03102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000003392 1. Entity Name SEASTRIKE BOATS, LLC					
Principal Place of Business 68 FIESTA WAY FORT LAUDERDALE, FL 33301			Mailing Address 68 FIESTA WAY FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 2201 Wilton Drive Suite, Apt. #, etc.		3. Mailing Address 2201 Wilton Drive Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL Zip 33305		City & State Ft. Lauderdale, FL Zip 33305		4. FEI Number 20-0684045	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THIES, WILLIAM F JR 68 FIESTA WAY FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Thies, Thomas Street Address (P.O. Box Number is Not Acceptable) 4021 NE 18th Avenue City Oakland Park FL Zip Code 33334		
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 3/10/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEWARD INVESTMENT COMPANY, LLC 68 FIESTA WAY FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S1 MARINE, LLC 2201 WILTON DRIVE FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS THIES 4021 NE 18th AVENUE OAKLAND PARK, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete		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: Thomas J. Thies <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/10/05 954-566-6320 <small>Date Daytime Phone #</small>		