

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036730

Entity Name: R & R BOATWORKS, L.L.C.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

2981 CENTER PORT CIRCLE  
#1  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

3090 SE SLATER STREET  
STUART, FL 34997

## Current Mailing Address:

102 N.E. 2ND STREET  
#180  
BOCA RATON, FL 33432

## New Mailing Address:

FEI Number: 20-1189752      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:

ROY, STEPHEN C  
102 NE 2 STREET  
180  
BOCA RATON, FL 33432 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: MGRM ( ) Delete  
Name: ROY, STEPHEN C  
Address: 102 N.E. 2ND STREET #180  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: ROY, MATTHEW C  
Address: 102 N.E. 2ND STREET #180  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

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: STEPHEN C. ROY

MGR

05/01/2009

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