

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052304

FILED
Jan 25, 2008
Secretary of State

Entity Name: NAUTICAL ENDEAVOURS "LLC"

Current Principal Place of Business:

404 RIBERIA ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1449
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 20-1374384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, DAVID A
1976 OLD TYME AVENUE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

STEVENS, DAVID A
1976 OLD TYME AVENUE
ST. AUGUSTINE, FL 32084 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:

01/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEVENS, DAVID A
Address: 1976 OLD TYME AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: STEVENS, VERONICA M
Address: 1976 OLD TYME AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STEVENS, DAVID A
Address: 1976 OLD TYME AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM (X) Change () Addition
Name: STEVENS, VERONICA M
Address: 1976 OLD TYME AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: DAVID STEVENS

MR

01/25/2008

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