


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90090 007 ****55.00

DOCUMENT # L04000056965		
1. Entity Name SUNSHINE BOATING GROUP, LLC		

Principal Place of Business 1635 NORTH BAYSHORE DRIVE, SLIP #609 SEALINE MARINA & YACHTING CENTER MIAMI, FL 33132	Mailing Address 1635 NORTH BAYSHORE DRIVE, SLIP #609 SEALINE MARINA & YACHTING CENTER MIAMI, FL 33132
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20067664



2. Principal Place of Business 941 Bluewood Terrace Suite, Apt. #, etc.	3. Mailing Address 941 Bluewood Terrace Suite, Apt. #, etc.
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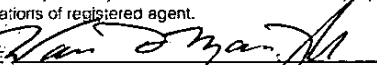
08162005 Chg-LLC CR2E083 (10/03)

City & State Weston, FL	City & State Weston, FL	4. FEI Number 77-0644021	Applied For <input type="checkbox"/> Not Applicable
Zip 33327	Country Broward	Zip 33327	Country Broward

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACDOUGALL, WARREN D 1635 NORTH BAYSHORE DRIVE, SLIP #609 SEALINE MARINA & YACHTING CENTER MIAMI, FL 33132
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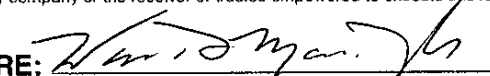
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 8-29-5

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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: 	DATE: 8-29-5	DAYTIME PHONE #: (305) 970-2031
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