

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060313

Entity Name: BAHAMA BOAT WORKS, LLC

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE, STE. 900
WEST PALM BEACH, FL 334015948

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE, STE. 900
WEST PALM BEACH, FL 334015948

New Mailing Address:

FEI Number: 16-1705806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHISON, JAMES B
505 SOUTH FLAGLER DRIVE, STE. 900
WEST PALM BEACH, FL 334015948 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: P () Delete
Name: SPARKS, ROBERT JR
Address: 612 RIVESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: MORRISSEY, FRANCIS J JR
Address: 69 FARRIER LANE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: S () Delete
Name: BURTNICK, MICHAEL R
Address: 23 MARIANA LANE
City-St-Zip: OCEAN CITY, NJ 08226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JAMES B HUTCHISON

AGEN

01/09/2007

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