


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90183 018 *****55.00

DOCUMENT # L04000090463					
1. Entity Name BISCAYNE BAY POWER & SAIL BOAT RENTAL LLC					
Principal Place of Business 1390 OCEAN DRIVE, #301 MIAMI BEACH, FL 33139			Mailing Address 1390 OCEAN DRIVE, #301 MIAMI BEACH, FL 33139		
2. Principal Place of Business 4000 CRAW DON PARK BLVD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Key Biscayne FL		City & State		4. FEI Number 20-2008699	
Zip 33149		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STUART M. ROTMAN, C.P.A. 4700 NORTH STATE ROAD 7, SUITE 208 FORT LAUDERDALE, FL 33319-5804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 SIMON, ROGER 1390 OCEAN DRIVE, #301 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUTENBRINK, TOM 1390 OCEAN DRIVE, #301 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUTENBRINK, TOM 3291 SW 18th Street MIAMI - FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUTENBRINK, TOM 3291 SW 18th Street MIAMI - FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUTENBRINK, TOM 3291 SW 18th Street MIAMI - FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUTENBRINK, TOM 3291 SW 18th Street MIAMI - FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUTENBRINK, TOM 3291 SW 18th Street MIAMI - FL 33145	<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 605, Florida Statutes.					
SIGNATURE: _____ 2/18/05 305 3619217 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					