2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 25, 2005 8:00 am
Secretary of State

07-28-2005 90069 022 *****5.00
08-25-2005 90107 002 ****45.00

DOCUMENT # L04000092460

1. Entity Name
AMERICAN BOATWORKS, LLC

Principal Place of Business	Mailing Address
6146-B 15TH STREET E BRADENTON, FL 34203 US	6146-B 15TH STREET E BRADENTON, FL 34203 US

07182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2060 51st Street - Unit C	Same
Suite, Apt. #, etc. Unit C	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State
Zip: 34234 Country: Sarasota	Zip / Country

4. FEI Number: 20-2094950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KINTER, CHARLES P 5823 MONROE VENICE, FL 34293	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: Charles P. Kinter 23 Jul 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINTER, CHARLES P 6146-B 15TH STREET E BRADENTON, FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, MICHEL 6146-B 15TH STREET E BRADENTON, FL 34203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Charles P. Kinter 23 Jul 05 941-223-3537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #