2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 12, 2006 8:00 am **Secretary of State** DOCUMENT # L05000007313 01-12-2006 90035 009 ****50.00 BRISTOL BOATS, LLC Principal Place of Business Mailing Address 2680 GEARY STREET 2680 GEARY STREET MATLACHA, FL 33993 MATLACHA, FL 33993 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Cha-LLC CR2E083 (11/05) City & State City & State Applied For <u>34-2632339</u> Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRISTOL, ROBEŘŤ Ŵ Street Address (P.O. Box Number is Not Acceptable) 2680 GEARY STREET MATLACHA, FL 33993 City 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 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 May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRISTOL, ROBERT W NAME NAME STREET ADDRESS 2680 GEARY STREET STREET ADDRESS MATLACHA, FL 33993 CITY-ST-7IP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRISTOL, PAMELA A NAME NAME STREET ADDRESS 2680 GEARY STREET STREET ADDRESS CITY-ST-ZIP MATLACHA, FL 33993 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ТПІЕ ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED