

3/25/08


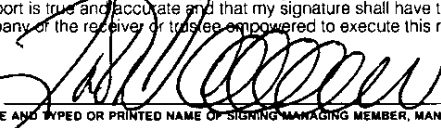
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90064 019 ***138.75

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DOCUMENT # L05000048041			
1. Entity Name THE FIRM BOAT, LLC			
Principal Place of Business 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 32401		Mailing Address 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 32401	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4094973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNCAN, MICHAEL B 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 32401		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 _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNCAN, MICHAEL B 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHANGE ZIP Code to 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, FRANKLIN R 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALE, DOUGLAS J 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " " " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLOY, DIXON R 304 MAGNOLIA AVENUE PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 checked="" type="checkbox"/> Addition MGRM JACKSON, ROBERT C 304 MAGNOLIA AVE. PANAMA CITY, FL 32401
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 3/25/08 Daytime Phone #: 850-769-3434	