


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90187 001 ***538.75

DOCUMENT # L05000049205	
1. Entity Name SKIBOAT, LLC	

Principal Place of Business 3581 BAYOU CIRCLE LONGBOAT KEY, FL 34228	Mailing Address 3581 BAYOU CIRCLE LONGBOAT KEY, FL 34228
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60042129

2. Principal Place of Business - No P.O. Box # 8100 15th Street East	3. Mailing Address P.O. Box 8760
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05122008 Chg-LLC CR2E083 (12/06)

City & State Sarasota, FL	City & State Longboat Key, FL
Zip 34243-2708	Country USA
Zip 34228	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANBORN, PATRICIA 3581 BAYOU CIRCLE LONGBOAT KEY, FL 34228	
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7. Name and Address of New Registered Agent Name Timothy A. Knowles	
Street Address (P.O. Box Number is Not Acceptable) 1205 Manatee Avenue West	
City Bradenton	FL Zip Code 34205

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 	DATE 5/12/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANBORN, KENNETH 3581 BAYOU CIRCLE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Sanborn Group, Inc. 8100 15th Street East Sarasota, FL 34243-2708 <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 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 type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	Date 5-14-2008	Daytime Phone # (941) 705-5557
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		