2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060429 1. Entity Name NOKOMIS BOAT COMPANY, LLC						06 _Sξυ	SEP II AH	_	
Principal Place of Business Mailing Address							THE SELL OF	STATE	
401 JOHNSON LANE, SUITE 101 401 JOHNSON LANE, SUITE 101 VENICE, FL 34285 VENICE, FL 34285							KETARY OF MASSEE.F		A
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09062006	Chg-LLC	CR2E083 (11/	
City & State			City & State			4. FEI Numb	^{er} 20-3035375	5 -	Applied For Not Applicable
Zip		Country Zip Cou		Coun	try	5. Certificate	of Status Desired	□ \$5.00 Fee Red	Additional quired
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	gistered Agent	
JOHNSON	I, JEFFRE	ΥP							
401 JOHNSON LANE, SUITE 101 VENICE, FL 34285					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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE									
Filling Fee is \$50.00 Due by September 15, 2006						ļ		check payable Department of S	· · · · · · · · · · · · · · · · · · ·
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/0	CHANGES	
TITLE NAME	Manager Gelete Johnson, Jeffrey P.				<u>:</u> E	(C) (Cha Coron to the C	
STREET ADDRESS	STREET ADDRESS 401 Johnson Lane, Suite 101						70601061		50.00
TITLE			☐ Delete	TITLE	<u> </u>			Cha	nge Addition
NAME STREET ADDRESS				NAM	ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
TITLE			☐ Delete				Cha	nge 🗌 Addition	
NAME Street address	ADDRESS STF								
CITY-ST-ZIP					-SI-ZIP				
TITLE			☐ Delete	TITL				☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS				NAM	E Et address				
CITY-ST-ZIP					-ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Char	nge Addition
NAME STREET ADDRESS				NAM	- I				
CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE			☐ Delete	TITLE			-	Cha	nge Addition
NAME STREET ADORESS				NAM	I				
CITY-ST-ZIP					ET ADORESS 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.									
MILLI CZN CUICUTEINU									
SIGNATURE: 9-7-06 941-915-5174									