



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060429 1. Entity Name NOKOMIS BOAT COMPANY, LLC					
Principal Place of Business 401 JOHNSON LANE, SUITE 101 VENICE, FL 34285			Mailing Address 401 JOHNSON LANE, SUITE 101 VENICE, FL 34285		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg); display: inline-block;">BKL</div> 	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent JOHNSON, JEFFREY P 401 JOHNSON LANE, SUITE 101 VENICE, FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reappointing)					
Filing Fee is \$50.00 Due by September 15, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Johnson, Jeffrey P. 401 Johnson Lane, Suite 101 Venice FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.2em; font-weight: bold;">900080043289</div> <div style="font-size: 1.2em;">09/21/06--01061--001 **50.00</div>	
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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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: 9-7-06 Daytime Phone #: 941-915-5174		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA