

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90035 012 ****50.00

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DOCUMENT # L05000075828 1. Entity Name HICKORY BOATING, LLC					
Principal Place of Business 1314 LAFAYETTE ST STE C CAPE CORAL, FL 33904			Mailing Address 1314 LAFAYETTE ST STE C CAPE CORAL, FL 33904		
2. Principal Place of Business 1318 Lafayette St. Suite, Apt. #, etc.		3. Mailing Address 1318 Lafayette St. Suite, Apt. #, etc.		01242006 Chg-LLC CR2E083 (11/05)	
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 20-4750745	
Zip 33904		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BASERVA, JOSE 5710 SW 10TH AVE CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette St. City Cape Coral FL Zip Code 33904	
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 <i>Thomas W Hill</i> DATE <i>4-25-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASERVA, JOSE 5710 SW 10TH AVE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hill, Thomas W. 1318 Lafayette St. Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACE, JEFF 25460 LUCI DR BONITA SPRINGS, FL 34136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hill, Joseph 1218 Lafayette St. Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUCKER, JASON 1350 MISTY PINES CIR. UNIT # E206 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hill, Joseph 1218 Lafayette St. Cape Coral, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hill, Joseph 1218 Lafayette St. Cape Coral, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hill, Joseph 1218 Lafayette St. Cape Coral, FL 33904	<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: <i>Thomas W Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4-25-06</i> Daytime Phone # <i>239-549-2444</i>		