2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90516 018 ***138.75

DOCUMENT # L05000082682

1. Entity Name

CAPE CORAL BOAT RENTALS, LLC

Principal Place of Business
1503 S.E. 46TH LANE
CAPE CORAL FL 33904

Mailing Address
2715 E. OAKLAND PARK BLVD., SUITE 201
FT. LAUDERDALE FL 33306

1st MOORE CR2E083 (10/07)

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 13-4308860 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALOIA, FRANK J JR.
2250 FIRST STREET
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name: GALLERIA ASSET MANAGEMENT CORP
Street Address (P.O. Box Number is Not Acceptable): 2715 E OAKLAND PARK BLVD
SUITE 300
City: FT LAUDERDALE FL Zip Code: 33306

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 _____ 4/28/08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's 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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SENESI, FRED	NAME	
STREET ADDRESS	2715 E. OAKLAND PARK BLVD., SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LESOUSKY, JOHN	NAME	
STREET ADDRESS	2715 E. OAKLAND PARK BLVD., SUITE 201	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4/28/08 954-568-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #