2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-21-2007 90104 016 ****50.00

1st MOORE CR2E083 (10/06)

DOCUMENT # L05000093447

1. Entity Name

REEL MOTIVATED, LLC.

Principal Place of Business	Mailing Address
4101 N. OCEAN BLVD. #D1101 BOCA RATON FL 33431 US	4101 N. OCEAN BLVD. #D1101 BOCA RATON FL 33431 US

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 AP-PLIED FOR 02-0751203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, SAMUEL A
4101 N. OCEAN BLVD.
#D1101
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name 02-0751203

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM NEWMAN, SAMUEL A 4101 N. OCEAN BLVD. #D1101 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR NEWMAN, DOLORES B 4101 N. OCEAN BLVD. #D1101 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 30002187
#L0500093447

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2005, or tax year beginning 9/01, 2005, and ending 12/31, 20 05.

► See separate instructions.

OMB No.1545-0099

2005

A Principal business activity: BOAT CHARTER	Use the IRS label. Otherwise, print or type. REEL MOTIVATED LLC 4101 N OCEAN BLVD NO D1101 BOCA RATON, FL 33431	**D** Employer identification number: 02-0751203
B Principal product or service: CHARTER		**E** Date business started: 9/30/2005
C Business code number: 487000		**F** Total assets (see instrs): $ 461,031.

G Check applicable boxes: (1) [X] Initial return (2) [ ] Final return (3) [ ] Name change (4) [ ] Address change (5) [ ] Amended return

H Check accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ►

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 2

Caution: *Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

INCOME	1a	Gross receipts or sales	1a	
	b	Less returns and allowances	1b	1c
	2	Cost of goods sold (Schedule A, line 8)		2
	3	Gross profit. Subtract line 2 from line 1c		3
	4	Ordinary income (loss) from other partnerships, estates, and trusts *(attach statement)*		4
	5	Net farm profit (loss) *(attach Schedule F (Form 1040))*		5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
	7	Other income (loss) *(attach statement)*		7
	8	**Total income (loss).** Combine lines 3 through 7		8
DEDUCTIONS (SEE INSTRUCTIONS FOR LIMITATIONS)	9	Salaries and wages (other than to partners) (less employment credits)		9
	10	Guaranteed payments to partners		10
	11	Repairs and maintenance		11
	12	Bad debts		12
	13	Rent		13
	14	Taxes and licenses		14
	15	Interest		15
	16a	Depreciation *(if required, attach Form 4562)*	16a	
	b	Less depreciation reported on Schedule A and elsewhere on return	16b	16c
	17	Depletion **(Do not deduct oil and gas depletion.)**		17
	18	Retirement plans, etc		18
	19	Employee benefit programs		19
	20	Other deductions *(attach statement)*		20
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20		21
	22	**Ordinary business income (loss).** Subtract line 21 from line 8		22

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

► _____ ► _____

Signature of general partner or limited liability company manager — Date

May the IRS discuss this return with the preparer shown below (see instrs)? [X] Yes [ ] No

Paid Preparer's Use Only

Preparer's signature: Paul R Wolpert, CPA	Date: 6-27-06	Check if self-employed ► [ ]	Preparer's SSN or PTIN: P00110547
Firm's name (or yours if self-employed), address, and ZIP code ► SHEIN, COHEN, PALMER & CO., LLC 20 TOWER LANE AVON, CT 06001		EIN ► 06-1386717 Phone no. (860) 677-1000	