

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000101425

FILED
Nov 30, 2009
Secretary of State**Entity Name:** TROPICAL WATERSPORTS, LLC**Current Principal Place of Business:**1002 FLEMING STREET
KEY WEST, FL 33040 US**New Principal Place of Business:**1000 ATLANTIC BLVD.
KEY WEST, FL 33040 US**Current Mailing Address:**1002 FLEMING STREET
KEY WEST, FL 33040 US**New Mailing Address:**13 WHISTLING DUCK LANE
KEY WEST, FL 33040 US**FEI Number:** 27-0135351**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZON, FRANCIS J
1002 FLEMING ST
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**LEMBO, CHRISTOPHER J
13 WHISTLING DUCK LANE
KEY WEST, FL 33040 US

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.

SIGNATURE: CHRISTOPHER LEMBO

11/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: GONZON, FRANCIS J
Address: 1002 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: LEMBO, CHRISTOPHER J
Address: 13 WHISTLING DUCK LANE
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER J. LEMBO

MGRM

11/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date