2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000102024

1. Entity Name



FILED Jan 11, 2007 8:00 am Secretary of State 01-11-2007 90129 045 ****50.00

BOWS TO BOATS, LLC								
Principal Place of Business 9835 S.W. 37TH ROAD GAINESVILLE, FL 32608		Mailing Address 9835 S.W. 37TH ROAD GAINESVILLE, FL 32608		l (EBHEN SIL		ı uzu derek irim beris kisk	BIRBS M (EE)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-LLC	CR2E083 (12/0	6)
City & State		City & State			4. FEI Numbe	FOR 32-01	<i>G (Z 40)</i>	Applied For. Not Applicable
Zip	Country	Zip Country				te of Status Desired S5.00 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Ro	gistered Agent	
RYALS, ERICA EVICKA				Name				
9835 S.W.	37TH ROAD LLE, FL 32608	Street Address			(P.O. Box Number is Not Acceptable)			
•			Cit	ty			FL Zip C	ode
6 The		the course of the color was	- 1	-	od ogost	h in the State of Man		th and nesert
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered of	nce or register	ed agent, or bot	n, in the State of Fior	10a. Iam Tamillar Wi . <i>1</i>	in, and accept
SIGNATURE .	Schaller, typed of Winded Abrile of registered agent a	La Ryal, N nd title # applicabil. (NOTE: R	1 GRI	M K signisture required	when reinstating)		1/9/07	
Filing Fee is \$50.00 Due by May 1, 2007							check payable to Department of St	
9.	MANAGING MEMBER	RS/MANAGERS /	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	Delete	TITLE				Chang	e 🗀 Addition
NAME STREET ADDRESS	PAPA, BARZELLA 9131 S.W. 49TH PLACE		NAME Street add	nocee				1
CTTY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZH					ł
TITLE	MGRM	☐ Delete	TITLE				☐ Chang	e Addition
NAME	RYALS, ERICKA	LI Deserte	NAME					
STREET ADDRESS	9835 S.W. 37TH PLACE		STREET ADD	ORESS				
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZI	IP .				
TITLE		☐ Delete	TITLE	1			Chang	e 🔲 Addition
NAME OTHER ADDRESS			NAME OTDEET +000	20500				
STREET ADDRESS CITY-ST-ZIP			STREET ADD City-St-Zi	· I				
TITLE	<u> </u>	☐ Detete	TITLE				Chang	e 🔲 Addition
NAME			HAME					_
STREET ADDRESS			STREET ADD	ſ				
CHY-ST-ZIP			CITY-ST-Z	IP				
TITLE		☐ Delete	TITLE				Chang	e 🗀 Addition
NAME STREET ADDRESS			NAME Street add	NA FOR				
CITY-ST-ZIP			CITY-ST-ZI					ļ
TMLE	٠.	☐ Delete	TITLE				☐ Chang	e Addition
NAME .	_ ·		NAME					_
STREET ADDRESS			STREET ADD	- 1				
CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-Z					
11. I hereby	certify that the information supplied with	this filling does not qualify for the	he exemptic	ons contained	in Chapter 119,	Florida Statutes, I fu	rther certify that the i	nformation

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it a limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.