

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111730

Entity Name: BOAT-AID LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

5805 BLUE LAGOON DRIVE  
SUITE 450  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

641 PALERMO  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 26-0129327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE ROSSET, J.B.  
9085 S.W. 87TH AVENUE, STE. 201  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLIAN, ADA L  
Address: 641 PALERMO  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: HOLIAN, JOHN M  
Address: 641 PALERMO  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADA L HOLIAN

MGRM

04/30/2009

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