


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L05000116740					
1. Entity Name GL BOATERS LLC					
Principal Place of Business 8660 W FLAGLER ST 200 MIAMI, FL 33144			Mailing Address 8660 W FLAGLER ST 200 MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
LEITMAN, LORN 8660 W FLAGLER ST #200 MIAMI, FL 33144				Name	
				Street Address	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM LEITMAN, LORN 8660 W. FLAGLER ST., #200 MIAMI, FL 33156		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR BARNI, GUSTAVO 8660 W. FLAGLER ST., #200 MIAMI, FL 33144		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the provisions of the Florida Statutes, and that my signature shall have the same legal effect as if it were the signature of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.					
SIGNATURE: _____ (Lorn Leitman) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					