

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122170

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: DUFFY ELECTRIC BOAT COMPANY, LLC

**Current Principal Place of Business:**

9009 BALMORAL MEWES SQ.  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

9009 BALMORAL MEWES SQ.  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-4356676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHVARTSMAN, IRIDA  
9009 BALMORAL MEWES SQ.  
WINDERMERE, FL 34786 US

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

SHVARTSMAN, IRADA  
9009 BALMORAL MEWES SQ.  
WINDERMERE, FL 34786 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: IRADA SHVARTSMAN

03/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHVARTSMAN, IRIDA  
Address: 9009 BALMORAL MEWES SQ.  
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHVARTSMAN, IRADA  
Address: 9009 BALMORAL MEWES SQ.  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Change (X) Addition  
Name: SHVARTSMAN, MICHAEL  
Address: 9009 BALMORAL MEWES SQ  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL SHVARTSMAN

MGRM

03/05/2006

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