2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002916

9518 SPRING CIRCLE

PORT CHARLOTTE, FL 33981

Address:

City-St-Zip:

Entity Name: SCENIC TOURS AND WATER TAXI, LLC

FILED Apr 13, 2009 Secretary of State

a (B:: IB) (B::			New Police in al Place of Paralise	
Current Principal Place of Business:			New Principal Place of Business:	
	ING CIRCLE ARLOTTE, FL	33981		
Current Mailing Address:			New Mailing Address:	
	ING CIRCLE ARLOTTE, FL	33981		
FEI Number	: 20-4133319	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
124 NORT	N, EUGENE E TH BREVARD : FL 34266	AVENUE		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATU	RE:			
Electronic Signature of Registered Age			ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name:	MGRM () JAMES. DICK	Delete	Title: Name:	() Change () Addition

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: DICK JAMES MNGR 04/13/2009