

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002916

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** SCENIC TOURS AND WATER TAXI, LLC

**Current Principal Place of Business:**

9518 SPRING CIRCLE  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

11093 VANESSA AV  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

9518 SPRING CIRCLE  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

11093 VANESSA AV  
ENGLRWOOD, FL 34224

FEI Number: 20-4133319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALDRON, EUGENE E JR.  
124 NORTH BREVARD AVENUE  
ARCADIA, FL 34266 US

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

SHAFFER, WILLIAM B  
11093 VANESSA AV  
ENGLEWOOD, FL 34224 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: WILLIAM B. SHAFFER

03/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAFFER, WILLIAM B  
Address: 11093 VANESSA AV  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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: WILLIAM B. SHAFFER

MNGR

03/04/2011

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