


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90133 021 \*\*\*138.75

<b>DOCUMENT # L06000035932</b>			
1. Entity Name <b>DEEP WATER YACHT SALES, LLC</b>			
Principal Place of Business <b>300 SOUTH PINWOOD LANE PENSACOLA, FL 32507</b>		Mailing Address <b>300 SOUTH PINWOOD LANE PENSACOLA, FL 32507</b>	
2. Principal Place of Business - No P.O. Box # <b>3749 GULF BREEZE PKWY</b>		3. Mailing Address <b>3749 GULF BREEZE PKWY</b>	
Suite, Apt. #, etc. <b>STE. D #361</b>		Suite, Apt. #, etc. <b>STE. D #361</b>	
City & State <b>GULF BREEZE FL</b>		City & State <b>GULF BREEZE FL</b>	
Zip <b>32563</b>	Country	Zip <b>32563</b>	Country



02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>14-1955235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KEENER, THOMAS P 1623 WOODLAWN WAY GULF BREEZE, FL 32563-9574</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3749 GULF BREEZE PKWY</b> <b>STE. D #361</b> City <b>GULF BREEZE FL</b> Zip Code <b>32563</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEENER, THOMAS P 1623 WOODLAWN WAY GULF BREEZE, FL 325639574 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3749 GULF BREEZE PKWY STE. D</b> <b>GULF BREEZE FL 32563</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LACOUR, JEFFREY C 4 EDGEWATER DRIVE PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **2-21-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #