

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2: 25

DOCUMENT # L06000037013					
1. Entity Name THE BOAT FLEET - LANTANA, LLC					
Principal Place of Business 3238 CASSEEKEY ISLAND ROAD JUPITER, FL 33477			Mailing Address 3238 CASSEEKEY ISLAND ROAD JUPITER, FL 33477 <i>814 N DIXIE HWY</i>		
2. Principal Place of Business - No P.O. Box # <i>814 N. DIXIE HWY</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LANTANA FL		City & State LANTANA FL		02222008 Chg-LLC CR2E083 (12/06)	
Zip 33462		Country		4. FEI Number 57-1235656	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent EDGAR, CHARLES W III 8409 NORTH MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOORE, LEON M <input checked="" type="checkbox"/> Delete 3238 CASSEEKEY ISLAND RD JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARSHALL, JONE <input type="checkbox"/> Delete 3238 CASSEEKEY ISLAND RD JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARSHALL, JON E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>814 N. DIXIE HWY</i> <i>LANTANA FL 33462</i>	
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	
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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: <i>Jon E. Marshall</i>			Date: <i>2/21/08</i> Daytime Phone #: <i>561-547-2000</i>		