## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000089811

7495 STILLMAN VALLEY ROAD

ROCKFORD, IL 61109

Address:

City-St-Zip:

Entity Name: HUT BOAT OWNERSHIP COMPANY, L.L.C.

FILED Feb 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1801 OLDE MIDDLE GULF DRIVE **UNIT F** SANIBEL, FL 339576328 **New Mailing Address: Current Mailing Address:** 1801 OLDE MIDDLE GULF DRIVE UNIT F SANIBEL, FL 339576328 FEI Number: 20-5498150 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: HANLON, JAMES P 1801 OLDE MIDDLE GULF DRIVE **UNIT F** SANIBEL, FL 339576328 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete UNGER, BRUCE Name: Name: Address: 4550 N. LILLY ROAD Address: City-St-Zip: BROOKFIELD, WI 53005 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HANLON, JAMES P Name: Address: 1801-F OLDE MIDDLE GULF DRIVE Address: City-St-Zip: SANIBEL, FL 339576328 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THEDEN, TIM Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES P HANLON MGRM 02/22/2009