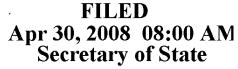
## 2008 LIMITED LIABILITY COMPANY

## ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 DOCUMENT # L06000115480 1. Entity Name PIER 88 DIVING CO LLC



Principal Plac	e of Business		Mailing Address	Mailing Address						
672 CORAL CIRCLE ST. AUGUSTINE FL 32080			672 CORAL CIRCLE ST. AUGUSTINE FL 3	672 CORAL CIRCLE ST. AUGUSTINE FL 32080						
2. Principal P	lace of Busin	ess - No PO Box #	3. Mailing Address	3. Mailing Address					anii Bibbi 1664 ab	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE	CR2E083	(10/07)	
City & State			City & State	City & State			noer <b>20-847728</b>	13		oplied For ot Applicable
Zip		Country	Zip	Zip Country		5. Certifica	ate of Status Desired		\$5.00 Add	ditional
	6. Name	and Address of Currer	nt Registered Agent	gistered Agent			7. Name and Address of New Registered Agent			
•			Name							
HASHAGEN, JOHN 672 CORAL CIRCLE ST. AUGUSTINE FL 32080					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	е
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. Lam familiar with, and accept the chiligations of registered agent.										
SIGNATURE										
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 MEMI	BERS/MANAGERS	10.			ADDITIONS	S/CHANGES		
FITLE	VP □ Delete □ T				F		Hoose		Change	Addition 🔲
NAME	HASHAGEN, HERBERT W						100000 100 200 20	/0935707	) men en	
STREET ADDRESS CITY+ST-ZIP	672 CORAL			STREE		000000935707 05/23/08-80082-018 138.75			3.75	
		TINE FL 32080		(-ST-Z:P		<del> </del>				
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					EET ADDRESS					
CITY+ST-7IP					r-81-ZiP					
TITLE	☐ Delete 1111				E				Change	Addition
Name	NAM				1E					
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					r-ST-ZiP					
TITLE NAME			☐ Delete	TITU					Change	Addition
STREET ADDRESS					LET ADDRESS					
CHY-ST-ZIP				CITY	f-ST-ZiP					
TITLE			☐ Delete	TITE	É				☐ Change	Addition
NAME				NAM	AE.					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 7- ST-ZIP					
			<b></b>						Channe	□ Addison
TITLE NAME									Change	Addition
STREET ADDRESS				1	EET ADDRESS					
CITY ST-ZIP				CITY	r-st zir					
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.										