

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119461

FILED
Mar 28, 2007
Secretary of State

Entity Name: FLATS BOAT, LLC

Current Principal Place of Business:

100 N. TAMPA STREET, SUITE 3200
TAMPA, FL 33602

New Principal Place of Business:

100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

Current Mailing Address:

100 N. TAMPA STREET, SUITE 3200
TAMPA, FL 33602

New Mailing Address:

100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

FEI Number: 20-8048856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODWARD, SALLY T
SHUTTS AND BOWEN, LLP
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HIGBEE, R. ALAN
SHUTTS AND BOWEN, LLP
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 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: R. ALAN HIGBEE

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HIGBEE, R. ALAN
Address: 100 S. ASHLEY DRIVE, SUITE 1500
City-St-Zip: TAMPA, FL 33902

Title: MGR () Change (X) Addition
Name: GALE, JACK
Address: 100 S. ASHLEY DRIVE, SUITE 1500
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: R. ALAN HIGBEE

MGR

03/28/2007

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