2008 LIMITED LIABILITY COMPANY

Jan 07, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L07000043430** 01-07-2008 90048 031 ***143.75 POWER BOATING FUN, LLC Principal Place of Business Mailing Address **5631 MONTILLA DRIVE 5631 MONTILLA DRIVE** りりひひひんネス FT. MYERS, FL 33919 FT. MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 01052008 CR2E083 (12/06) Applied For City & State City & State 4. FEt Number Not Applicable \$5.00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARNALL, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 5631 MONTILLA DRIVE FT. MYERS, FL 33919 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Delete TITLE ☐ Change ☐ Addition TITLE DARNALL, MICHAEL S NAME NAME 5631 MONTILLA DRIVE STREET ADDRESS STREET ADDRESS FT. MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MGRM: ☐ Delete TILE TITLE MARKEY, BRENDAN NAME NAME STREET ADDRESS 2653 SÜBİLBE AVE. STREET ADDRESS CITY-ST-ZIP BURLINGTON IA 52601 CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE WISLER, THOMAS 6411 WINDDOOR ROAD STREET ADDRESS STREET ADDRESS INDIANAPOLIS, IN 46226 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change MILE MGRM Delete TITLE COLES, JAMES NAME 135 NORTH PENNSYLVANIA STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS, IN 46204 ☐ Delete IME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

FILED

☐ Change

☐ 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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS