2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000071621

1. Entity Name
WATERCRAFT ADVENTURE, LLC

bUU4UJ1o

Principal Place of Business	Mailing Address
3700 AIRPORT ROAD STE. 401 BOCA RATON, FL 33431	P.O. BOX 1831 BOCA RATON, FL 33429

01292008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number _051-06-7052_ ☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SISKIND, JEFFREY M 525 S. FLAGLER DRIVE STE. 200 WEST PALM BEACH, FL 33401	Name _Kenneth Shimm_ Street Address (P.O. Box Number is Not Acceptable) _3700 Airport Rd Suite # 401_ City _Boca Raton_ FL Zip Code _33431_

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 _Kenneth Shimm_   _Kenneth Shimm_   DATE _4/1/08_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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 _President_ NAME _Kenneth Shimm_ STREET ADDRESS _3700 Airport Rd Suite # 401_ CITY-ST-ZIP _Boca Raton Fl. 33431_	☐ Delete	TITLE _President_ NAME _Kenneth Shimm_ STREET ADDRESS _3700 Airport Rd Suite # 401_ CITY-ST-ZIP _Boca Raton, Fl. 33431_	☒ Change ☐ Addition _Name + Addr Registered Agent_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: _Kenneth Shimm_   _4/1/08_   _954 288-6811_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #