

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999


 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

99 MAY -3 AM 11:32

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000584

KITTYHAWK BOAT L.C.
P.O. BOX 3319
SARASOTA FL 34230

94-AR
CM

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 05/23/1996	3a. State of Formation FL
4. FEI Number 65-0684756	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/20/1998	6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

FAMIGLIO, GEORGE V JR
1634 MAIN STREET
SARASOTA FL 34236

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt #, etc.	
City	Zip Code

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	M. OLIVIA CORP.,	POST OFFICE BOX 3319	SARASOTA FL
MEM	MOBY L.P.,	POST OFFICE BOX 3319	SARASOTA FL
MEM	SARASOTA MARINE PERFOR	POST OFFICE BOX 3319	SARASOTA FL

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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: ✓ [Signature] 4-29-99 941-957-0775