File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham LIMITED LIABILITY COMPANY & **ANNUAL REPORT** Secretary of State , 1998 **DIVISION OF CORPORATIONS** 98 MAY -8 AM 9: 02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L9700001147 1a. Principal Place of Business Address GCS BOATS, L.C. 221 OSCHOLA WAY 221 OSCEOLA WAY PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11730 Lake House Dr. Suite, Apt. #, etc. 10/13/1997 4. FEI Number Applied For City & State 43-1794896 Not Applicable North Palm Beach, FL 5. Date of Last Report 6. Certificate of Status Desired S8 75 Additional Fee Regured USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office STAGE, GREGG Street Address (P.O. Box Number Is Not Acceptable) SAGE, GREGG 221 OSCEOLA WAY PALM BEACH FL 33480-Zip Code 33408 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DATE Man 5, 1998 SIGNATURE. agistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 221 OSCEOLA WAY MGRM SAGE, GREGG PALM BEACH FL 11730 Lake House Dr. North Pulm Beach, PL 11. Ido 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 ilmited liability company or the receiver or trustee employeered 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

SIGNATURE: