

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000839

1. Entity Name
BOATCLUBSAMERICA, L.L.C.



Principal Place of Business
**1431 RAILHEAD BLVD., #2
NAPLES, FL 34110**

Mailing Address
**1431 RAILHEAD BLVD., #2
NAPLES, FL 34110**



03312004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3518376

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOGEL, JAMES D
C/O VOGEL, DAVIS & VOGEL, P.A.
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

Kathy Ruff
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFF, EDWARD J 1431 RAILHEAD BLVD., #2 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFF, PATRICK 1431 RAILHEAD BLVD., #2 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEPARD, GREGORY 625 STANWIX STREET PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/04-80001-001 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Kathy Ruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1/04
Date

239.513.2300
Daytime Phone #