

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 023 ****55.00

DOCUMENT # L98000000839

1. Entity Name

BOATCLUBSAMERICA, L.L.C.



Principal Place of Business

5020 TAMIAMI TRAIL NORTH
SUITE 106
NAPLES FL 34103

Mailing Address

5020 TAMIAMI TRAIL NORTH
SUITE 106
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RUFF, EDWARD J
STREET ADDRESS 1431 RAILHEAD BLVD., #2
CITY-ST-ZIP NAPLES FL 34110

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7020 OAKMONT PARKWAY
CITY-ST-ZIP NAPLES, FL 34108

TITLE MGR ☐ Delete
NAME RUFF, PATRICK
STREET ADDRESS 1431 RAILHEAD BLVD., #2
CITY-ST-ZIP NAPLES FL 34110

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1273 WISCONSIN DR.
CITY-ST-ZIP NAPLES, FL 34108

TITLE MGR ☐ Delete
NAME SHEPARD, GREGORY
STREET ADDRESS 625 STANWIX STREET
CITY-ST-ZIP PITTSBURGH PA 15222

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edward J. Ruff* Edward J. Ruff, Mgr 3/1/06 (239)430-2582

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

Date

Daytime Phone #