

2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



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

FILED

99 AUG 31 PM 2: 16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L98000001453

BOATYARD ENTERPRISES OF AMERICA, L.L.C.  
~~2033 MAIN STREET, SUITE 600~~  
~~SARASOTA FL 34237~~

1a. Principal Place of Business Address

~~2033 MAIN STREET, SUITE 600~~  
~~SARASOTA FL 34237~~

2 Principal Place of Business

BOB'S BOATHOUSE  
Suite, Apt. #, etc.

2a. Mailing Address

1310 OLD STICKNEY PT RD  
Suite, Apt. #, etc.

3. Date Organized or Qualified

08/14/1998

3a. State of Formation

FL

4. FEI Number

65-0831567

☐ Applied For

☐ Not Applicable

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34242

Country

SARASOTA

Zip

34242

Country

SARASOTA

5. Date of Last Report

6. Certificate of Status Desired

☐ See 7a. Additional Fee Required ☐

7. Name and Address of Current Registered Agent

MYERS, TROY H JR.  
2033 MAIN STREET, SUITE 600  
SARASOTA FL 34237

8. Name and Address of New Registered Agent/Office

Name

THOMAS J. LEFEVRE

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

1310 OLD STICKNEY PT RD  
Suite, Apt. #, etc.

City

SARASOTA

Zip Code

FL 34242

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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

THOMAS J. LEFEVRE

DATE

8-24-99

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LEN & TOM'S FLORIDA, I	<del>2033 MAIN STREET, SUITE 600</del> 1310 OLD STICKNEY PT. RD	<del>SARASOTA FL</del> SARASOTA, FL 34242  700002977627--8 -09/02/99--01097--007 ****588.75 ****588.75

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

THOMAS J. LEFEVRE

8-24-99 941-312-9111

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

Date

Daytime Phone #