File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1999 99 MAR 10 AM 10: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETACT OF STATES TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L98000002239 1a. Principal Place of Business Address UNIQUE BOATWORKS, L.C. 4314 78TH STREET WEST 4314 78TH STREET WEST BRADENTON FL 34209 BRADENTON FL 34209 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation Suite, Apt #, etc. Suite. Apt. #, etc. City & State City & State Not Applicable 6. Certificate of Status Desired Zip Z_{i} Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office AMERILAWYER, Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 -03/18/99--01089--018-Suite, Apt. #, etc. ****188.75 ****188.75 Zip Code 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. SIGNATURE ___ DATE (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when removaling) Managing Members/Managers 10. Title **Business Street Address** City, State and Zip Code MGR MOLEN, WILLIAM L 4314 78TH STREET WEST BRADENTON FL MGR MOLEN, PATRICIA A 4314 78TH STREET WEST BRADENTON FL 11. 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. Hurther 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 fimited 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.

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