

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 024 ****50.00

DOCUMENT # L98000002604

1. Entity Name
CABLE WATER SKI, L.C.

Principal Place of Business 8615 FLORIDA ROCK ROAD ORLANDO FL 32809	Mailing Address 8615 FLORIDA ROCK ROAD ORLANDO FL 32809
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3573426** 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

~~HOFMAN, RENE~~
~~3815 TOWNSHIP SQUARE BLVD., SUITE 114~~
~~ORLANDO FL 32837~~

Name **HOFMANN, RENE**
 Street Address (P.O. Box Number is Not Acceptable)
13633 TETHERLINE TRAIL
ORLANDO, FL 32837
 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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGR	HOFMANN, RENE	13633 TETHERLINE TRAIL	ORLANDO FL 32837	<input checked="" type="checkbox"/>	MGR	HOFMANN, RENE	13633 TETHERLINE TRAIL	ORLANDO, FL 32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	BECK, GEORGE J	5400 PARK STREET NORTH, PH-9	ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/>	MGR	BECK, GEORGE J	427 SHORT PINE CIRCLE	ORLANDO, FL 32807	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **04/13/02** Daytime Phone # **(407) 251 3100**

CR2E063 (9/01)