


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



02232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3573426	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOFMAN, RENE
 13633 TETHERLINE TRAIL
 ORLANDO, FL 32837

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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: *Rene Hofmann* Rene Hofmann 3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

100000095614
 03/24/04-80040-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFMANN, RENE 13633 TETHERLINE TRAIL ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECK, GEORGE J 427 SHORT PINE CIRCLE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Rene Hofmann* Rene Hofmann 3/8/04 407-251-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #