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Secretary of State
05-11-2004 90001 001 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

24071550

04222004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L99000003142

1. Entity Name
FAST CATS FERRY SERVICES, L.L.C.

Principal Place of Business	Mailing Address
1300 HENDRY ST FORT MYERS, FL 33901	1300 HENDRY ST FORT MYERS, FL 33901

2. Principal Place of Business	3. Mailing Address
1635 N. Bayshore Dr. Suite, Apt. #, etc.	1635 N. Bayshore Dr. Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33132 Country: Miami-Dade	Zip: 33132 Country: Miami Dade

4. FEI Number: 65-0926045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIDSHAL, JOAN
220 NORTH TUTTLE AVE
STE B
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: Fridshal, John
Street Address (P.O. Box Number is Not Acceptable): 219 East Avenue S., Suite 104
City: Sarasota FL Zip Code: 34239

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] 04/24/04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANTOS, MARK 1300 HENDRY STREET FORT MYERS, FL 33901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Mark Antos 1635 N. Bayshore Dr. Miami, FL 33132 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 04/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #