

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000454**1. Entity Name  
**FERN RIDGE BOATWORKS LTD, LLC**

|  |    |  |    |
|--|----|--|----|
| Principal Place of Business<br>1420-A N. 14TH ST.<br><br>FERNANDINA BEACH<br>32034 | FL | Mailing Address<br>1420-A N. 14TH ST.<br><br>FERNANDINA BEACH<br>32034 | FL |
|--|----|--|----|

|   |   |
|---|---|
| 2. Principal Place of Business<br>1420-A NORTH 14TH ST.<br><br>Suite, Apt. #, etc.<br>OLDE TOWNE MARINA | 3. Mailing Address<br>1420-A NORTH 14TH ST.<br><br>Suite, Apt. #, etc.<br>OLDE TOWNE MARINA |
|---|---|

|  |  |  |  |
|--|--|--|--|
| City & State<br>FERNANDINA BEACH<br>FL | City & State<br>FERNANDINA BEACH<br>FL | 4. FEI Number<br><b>93-1271755</b>                           | Applied For<br><input type="checkbox"/> Additional Fee Required<br><input type="checkbox"/> Not Applicable |
| Zip<br>32034                           | Country<br>US                          | 5. Certificate of Status Desired<br><input type="checkbox"/> |  |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
  
**MATOTT JOHN**  
1420-A NORTH 14TH STREET  
  
FERNANDINA BEACH  
32034  
US  
FL7. Name and Address of New Registered Agent  
  
Name  
**FRBW USA MANAGEMENT, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
1420-A NORTH 14TH STREET  
  
City  
FERNANDINA BEACH  
FL  
Zip Code  
32034

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 **NANCY LAKE****04/28/2001**

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**

## 9. MANAGING MEMBERS / MEMBERS

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

## 10. ADDITIONS / CHANGES

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **Nancy Lake**

Ms.

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)