2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002634

Entity Name: MARINEMAX MOTOR YACHTS, LLC

FILED Jan 05, 2004 Secretary of State

18167 US HIGHWAY 19 NORTH, SUITE 499 CLEARWATER, FL 33764

Current Mailing Address: New Mailing Address:

18167 US HIGHWAY 19 NORTH, SUITE 499 CLEARWATER, FL 33764

FEI Number: 52-2283003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: P () Delete Title: MGR (X) Change () Addition
Name: PASCA, ANTHONY Name: MCLAMB, MICHAEL H
Address: 18167 US 19 N, SUITE 499
City-St-Zip: CLEARWATER, FL 33764
Title: MGR (X) Change () Addition
Name: MCLAMB, MICHAEL H
Address: 18167 US HIGHWAY 19 N, SUITE 499
City-St-Zip: CLEARWATER, FL 33764

Title: V (X) Delete Title: () Change () Addition

 Name:
 MCGILL, WILLIAM H
 Name:

 Address:
 18167 US 19 N, SUITE 499
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: VST (X) Delete Title: () Change () Addition

 Name:
 MCLAMB, MICHAEL H
 Name:

 Address:
 18167 US 19 N, SUITE 499
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 FRAHN, KURT
 Name:

 Address:
 18167 US 19 N, SUITE 499
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

 Name:
 WOODS, PETER A
 Name:

 Address:
 18167 US 19 N, SUITE 499
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 STEPHEN, GALE
 Name:

 Address:
 18167 US 19 NORTH SUITE 499
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL H MCLAMB MGR 01/05/2004