

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002635

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: MARINEMAX OF SOUTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 52-2282954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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:**

Title: P ( ) Delete  
Name: RUSSELL, ED  
Address: 18167 US 19 N, SUITE 499  
City-St-Zip: CLEARWATER, FL 33764

Title: T (X) Delete  
Name: DOERSAM, MARSHA  
Address: 18167 US 19 N, SUITE 499  
City-St-Zip: CLEARWATER, FL 33764

Title: V (X) Delete  
Name: MCGILL, WILLIAM H  
Address: 18167 US 19 N, SUITE 499  
City-St-Zip: CLEARWATER, FL 33764

Title: ST (X) Delete  
Name: MCLAMB, MICHAEL H  
Address: 18167 US 19 N, SUITE 499  
City-St-Zip: CLEARWATER, FL 33764

Title: AS (X) Delete  
Name: FRAHN, KURT M  
Address: 18167 US 19 N, SUITE 499  
City-St-Zip: CLEARWATER, FL 33764

Title: AS (X) Delete  
Name: EZZELL, JACK P  
Address: 18167 US 19 N, SUITE 499  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date