2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# M00000002636

Entity Name: MARINEMAX OF CENTRAL 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: 52-2882952 **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:	MEM	( ) Delete
Name:	MCGILL, WILLIAM H JR	
Address:	18167 US 19 N, SUITE 499	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	P	(X) Delete
Name:	RUSSELL, ED	
Address:	18167 US 19 N, SUITE 499	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	VST	(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	
Title:	VP	(X) Delete
Name:	CASHMAN, CHUCK	
Address:	18167 US 19 N STE 499	
City-St-Zip:	CLEARWATER, FL 33764	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	MCLAMB, MICHAEL 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