

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002636

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** MARINEMAX OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

18167 US HIGHWAY 19 NORTH, SUITE 300  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

18167 US HIGHWAY 19 NORTH, SUITE 300  
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/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCLAMB, MICHAEL H  
Address: 18167 US 19 N, SUITE 300  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

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 Chapter 119, 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

01/19/2006

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