

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90062 017 ****50.00

DOCUMENT # M03000000329

1. Entity Name
AMPHIBIOUS ATTRACTIONS OF DAYTONA, LLC



Principal Place of Business
**C/O TROLLEY BOATS, LLC
406 WALKER ST., BLDG. 1
HOLLY HILL, FL 32017**

Mailing Address
**C/O TROLLEY BOATS, LLC
406 WALKER ST., BLDG. 1
HOLLY HILL, FL 32017**

2. Principal Place of Business
1472 CRAIG COURT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 265542
Suite, Apt. #, etc.



09032004 Chg-LLC CR2E083 (10/03)

City & State
PORT ORANGE FL
Zip
32129 Country
USA

City & State
DAYTONA BEACH FL
Zip
32126 Country
USA

4. FEI Number
37-1454787 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSS, THOMAS
1472 CRAIG COURT
PORT ORANGE, FL 32129**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEGPLOCK, LOU
805 E 2ND ST #3
CASPER, WY 82601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEAGLE, DAVID
10544 14TH AVE. NW
SEATTLE, WA 98177** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

[Signature]

328201 3072372300