

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90167 036 ****50.00

DOCUMENT # M03000000455					
1. Entity Name BOATSHARE, LLC					
Principal Place of Business 5257 BEECHTREE TRAIL WEST BLOOMFIELD, MI 48322 7214 HIDDEN			Mailing Address 5257 BEECHTREE TRAIL WEST BLOOMFIELD, MI 48322		
2. Principal Place of Business 7214 HIDDEN CREEK CT		3. Mailing Address 7214 HIDDEN CREEK CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST BLOOMFIELD, MI		City & State WEST BLOOMFIELD, MI		4. FEI Number 33-1040498	
Zip 48322		Country OKLAHOMA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WILSEY, DAVID F ESQ. 275 FOURTH STREET, NORTH ST. PETERSBURG, FL 33701			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKEL, HERMAN 5257 BEECHTREE TRAIL WEST BLOOMFIELD, MI 48322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKEL, HERMAN 7214 HIDDEN CREEK COURT WEST BLOOMFIELD 48322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 1/27/06 248-661-2100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					