

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90067 031 ****50.00

DOCUMENT # M05000002509 1. Entity Name BMTBOAT, LLC			
Principal Place of Business 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		Mailing Address 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461	
2. Principal Place of Business 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461		3. Mailing Address PO Box 611296 Rosemary Beach, FL 32461	
4. FEI Number 20-2769545		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEITLIN, BRAD 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461		7. Name and Address of New Registered Agent 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461	
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 renaming) _____ 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 MGR ZEITLIN, BRAD 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/31/06 850.231.0850 Date Daytime Phone #	