

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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DOCUMENT # M97000000005

1. Entity Name
BOAT DEALERS' ACCEPTANCE COMPANY, L.L.C.



Principal Place of Business
1 CIT DRIVE
LIVINGSTON, NJ 07039 US

Mailing Address
1 CIT DRIVE
1320-1
LIVINGSTON, NJ 07039 US

FILED
07 MAY 23 PM 1:36

STATE
TALLAHASSEE, FLORIDA



05032007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
35-2003992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUMM, WILLIAM L 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY LINDA SEUFERT 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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] LINDA SEUFERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/4/2007

Date

973-740-5796

Daytime Phone #