2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 15, 2004 8:00 am
Secretary of State
03-01-2004 90313 044 ****50.00

DOCUMENT # M98000000140

1. Entity Name
OUT-OF-THE-WATER ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1156 NE OCEANVIEW CIR. JENSEN BEACH, FL 34957	1156 NE OCEANVIEW CIR. JENSEN BEACH, FL 34957

34001593

01052004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0781384
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANGER, JEFFREY S
1156 NE OCEANVIEW CIR
JENSEN BEACH, FL 34957

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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 _____ 2/5/04
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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SANGER, JEFFREY S
STREET ADDRESS	1156 NE OCEANVIEW CIR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	MGRM
NAME	SANGER, KAREN P
STREET ADDRESS	1156 NE OCEANVIEW CIR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/8/04 772-334-7805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #