

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092297

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: ELBA YACHTS, LLC

**Current Principal Place of Business:**

826 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

826 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 26-0888191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE & COMPANY SECRETARIES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 1100  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BAILEY, BROOKE  
Address: 826 LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: BAILEY, LAMAR  
Address: 826 LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAILEY, S. BROOKE  
Address: 1504 BAY ROAD #1503  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change ( ) Addition  
Name: BAILEY, E. LAMAR  
Address: 826 LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: S. BROOKE BAILEY

MGR

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date