


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90010 010 ****50.00

DOCUMENT # L99000001512
 1. Entity Name
 IMPETUOUS YACHT CHARTERS LC




Principal Place of Business
 599 EAST JERICO TURNPIKE, BOX 886
 ATTN: JOSEPH C. BUZZETTA
 SMITHTOWN, NY 11787

Mailing Address
~~PO BOX 886~~
~~SMITHTOWN, NY 11787~~
 630 Middle Country Rd.
 Ste James, NY 11780

DO NOT WRITE IN THIS SPACE

20037341



04082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3480310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUZZETTA, JOSEPH C PO BOX 886 SMITHTOWN, NY 11787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUZZETTA, VALERIE A PO BOX 886 SMITHTOWN, NY 11787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Joseph C. Buzzetta Date: 4/12/05 Daytime Phone #: 631)265-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE