

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001512

FILED
Mar 18, 2009
Secretary of State

Entity Name: IMPETUOUS YACHT CHARTERS LC

Current Principal Place of Business:

599 EAST JERICHO TURNPIKE
SMITHTOWN, NY 11787

New Principal Place of Business:

599 EAST JERICHO TURNPIKE
ST JAMES, NY 11780

Current Mailing Address:

C/O STUART J. HAFT ESQ, PO BOX 431
PALM BEACH, FL 33480

New Mailing Address:

599 EAST JERICHO TURNPIKE
ST JAMES, NY 11780

FEI Number: 11-3480310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFT, STUART J ESQ
340 ROYAL POINCIANA WAY STE 321
PALM BEACH, FL 33480 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: BUZZETTA, JOSEPH C
Address: 599 EAST JERICHO TURNPIKE
City-St-Zip: SMITHTOWN, NY 11787

Title: MGR () Delete
Name: BUZZETTA, VALERIE A
Address: 599 EAST JERICHO TURNPIKE
City-St-Zip: SMITHTOWN, NY 11787

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUZZETTA, JOSEPH C
Address: 599 EAST JERICHO TURNPIKE
City-St-Zip: ST JAMES, NY 11780

Title: MGR (X) Change () Addition
Name: BUZZETTA, VALERIE A
Address: 599 EAST JERICHO TURNPIKE
City-St-Zip: ST JAMES, NY 11780

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: LORRAINE TIRINO

CONT

03/18/2009

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