

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000970

FILED
Mar 11, 2004
Secretary of State

Entity Name: CLARK YACHT COMPRESSORS, L.L.C.

Current Principal Place of Business:

206 S.W. 16TH COURT
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

9 SW 13TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 65-0978940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SEAN
9 SW 13TH STREET
FORT LAUDERDALE, FL 33315 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/MEMBERS:

Title: PRES () Delete
Name: CLARK, CRAIG
Address: 1412 S. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: BUSH, JOE
Address: 1412 S. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, CRAIG
Address: 1412 S. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DOOLEY, SEAN
Address: 1412 SOUTH ANDREWS
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SEAN DOOLEY

MGR

03/11/2004

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