2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0000007570

1. Entity Name
YACHT ADVANTAGE, LLC

Principal Place of Business

350 E. LAS OLAS BLVD.

SUITE 1400

FORT LAUDERDALE, FL 33301

Mailing Address

350 E. LAS OLAS BLVD.

SUITE 1400

FORT LAUDERDALE, FL 33301

FILED Mar 14, 2005 08:00 AM Secretary of State



01242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number | Applied For | | Not Applicable | | | |

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

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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 tamiliar with, and accept
	the obligations of registered agent.	

SIGNATURE.

Signature, typod 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, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, JOHN J 350 E. LAS OLAS BLVD., STE 1400 FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, FRAN 350 E LAS OLAS BLVD SUTIE 1400 FORT LAUDERDALE, FL 33301	
NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11 I bereby certify that the information supplied with this filling does not qualify		

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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 theory 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 emboyed of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

3/11/0 954-762-326

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