2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Mar 26, 2004 8:00 am Secretary of State 03-26-2004 90160 021 ****55.00

Principal Place of Business 707 SQUITH MASHINGTON BLVD. SARKSOTA FL 34236 2. Principal Place of Business 3. Malling Address 707 SQUITH MASHINGTON BLVD. SARKSOTA FL 34236 2. Principal Place of Business 3. Malling Address Suits, Aprl. 6, etc. Suits, Aprl. 6, etc	1. Entity Name V.B. MOT	OR YACHTS, LLC					
Suite, Apt. #, etc. Safe, Apt. #, etc.	707 SOUTH WASHINGTON BLVD.		707 SOUTH WASHINGTON BLVD.				
City & State A. Fill Number of Status Desired S. Country S. Certificate of Status Desired S. S. DO Assignment Fige Required TOSCH, JOHN E ESO. 707 SOUTH WASHINGTON BLVD. Shared Address of Current Registered Agent TOSCH, JOHN E ESO. 707 SOUTH WASHINGTON BLVD. Sireal Address (P.D. Box Number is Not Acceptable) Sireal Address (P.D. Box Number is Not Acceptable) Sireal Address of registered agent. ONT. FL. 20 Code City & State of Forda. I am familiar with, and accept the obligations of registered agent. ONT. Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITION	2. Principal P	lace of Business	3. Mailing Address				
Scounty Scou	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addre	City & State		City & State				
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TOSCHT JOHN E ESC. STREAM Address (P.O. Box Number is Not Acceptable) Stream Address (P.O. Box Number is Not Acceptable) Stream Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fortda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of the registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of the registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of the registered agent, or both, in the State of Fortda. I am familiar with, and accept the purpose of the registered agent, or both, in the State of		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
Stream Address (P.C. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code On The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature invest or present one of registered agent. NOTE: fling Foe is \$50,00 Due by May 1, 2004 Make check payable to Florida Department of State NOTE: fling Foe is \$50,00 Due by May 1, 2004 Nake check payable to Florida Department of State NANAGING MEMBERS / NANAGING MEMBERS / NANAGERS ITILE NAME BUCHANAN, VERNON G STREET ADDRESS DITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME STREET ADDRESS CITY 51-2P SARASOTA, FL 34236 Detele NAME SARASOTA, FL 342	T00011 1	011N E E80	Name				
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TITLE NAME BUCHANAN, VERNON G STREET ADDRESS CITY-ST-2IP TITLE TOSCH, JOHN TOSCH, JOHN TOSCH, JOHN TOSCH, JOHN TOSCH, JOHN TOSCH, JOHN STREET ADDRESS CITY-ST-2IP TITLE TABLE SALVATORE, ROSA TOT SO. WASHINGTON BLVD SARASOTA, FL 34236 STREET ADDRESS CITY-ST-2IP TITLE TOSCH, JOHN TOSCH, JOHN TOSCH, JOHN TOSCH, JOHN TITLE TOSCH, JOHN TITLE TOSCH, JOHN TITLE TOSCH, JOHN TITLE TOSCH, JOHN TITLE NAME STREET ADDRESS CITY-ST-2IP							
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certily 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: 3-23-84	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addilion		
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certily 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: 3-23-84	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addilion		
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: 3-23-54	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
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CONTROL OF PROPERTY MANAGED MEMBERS MANAGED OF AUTHORIZED DEDECEMBERTATIVE Date Designe Phone &	SIGNAT	TURE:	le				

Oldital Ville: ———————————————————————————————————	SIGNATURE:	3-23-04	3-23-04		
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