

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90244 034 \*\*\*\*55.00

**DOCUMENT # L01000005736**

1. Entity Name  
V.B. MOTOR YACHTS, LLC



Principal Place of Business  
707 SOUTH WASHINGTON BLVD.  
SARASOTA, FL 34236

Mailing Address  
707 SOUTH WASHINGTON BLVD.  
SARASOTA, FL 34236

**20010291**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
65-1094483

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOSCH, JOHN E ESQ.  
707 SOUTH WASHINGTON BLVD.  
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed 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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS BUCHANAN, VERNON G  
CITY-ST-ZIP 707 SO. WASHINGTON BLVD  
SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME SV  
STREET ADDRESS TOSCH, JOHN  
CITY-ST-ZIP 707 SO. WASHINGTON BLVD  
SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS NARVAEZ, CHRISTOPHER R  
CITY-ST-ZIP 707 SO. WASHINGTON BLVD  
SARASOTA, FL 34236 ☒ Delete

TITLE  
NAME T  
STREET ADDRESS STEVE HITEMAN  
CITY-ST-ZIP 707 S. WASHINGTON BLVD  
SARASOTA FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

2-17-06 941 552 4223