

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 025 \*\*\*\*50.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

50 Central Ave. Suite 900  
Sarasota, FL 34236

50 Central Ave. Suite 900  
Sarasota, FL 34236

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02202007 Chg-LLC CR2E083 (12/06)

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

50 Central Ave. Suite 900  
Sarasota, FL 34236

Street

(able)

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME 50 Central Ave. Suite 900 ☐ Change ☐ Addition  
STREET ADDRESS Sarasota, FL 34236  
CITY - ST - ZIP

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

TITLE  
NAME 50 Central Ave. Suite 900 ☐ Change ☐ Addition  
STREET ADDRESS Sarasota, FL 34236  
CITY - ST - ZIP

TITLE T  
NAME HITMAN, STEVE ☐ Delete  
STREET ADDRESS 707 SO. WASHINGTON BLVD  
CITY - ST - ZIP SARASOTA, FL 34236

TITLE  
NAME 50 Central Ave. Suite 900 ☐ Change ☐ Addition  
STREET ADDRESS Sarasota, FL 34236  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

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]*

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

Date

Daytime Phone #