## LIMITED LIABILITY COMPANY

## FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91552 017 \*\*\*\*50.00

UNIFORM	1 BUSINESS	REPORT	(UBR
DOCUMENT #	010000	2059	ina

STUART CAY YACHT SALES, LLC									
DO NOT WRITE IN THIS SPACE						848335			
Principal Place of Business     3. Mailing Address									
290 No. Dixie Highway 290 No. Dix. Suite, Apt. #. etc. Suite, Apt. #. etc.		хте н	le Highway		DO NOT WRITE IN THIS SPACE				
City & State City & State									
Stuar	t, FL	Stuart, FL	•		4. F	4. FEI Number Applied For 65–1092876 Not Applicable			
Zip Country Zip 34994 34994		Zip 34994	Country		<b>5.</b> C	ertificate of Status Desired	□ \$:	5.00 Additional e Required	
					7. Nan	ne and Address of Current Ro			
	DO NOT W	RITE	ـــ حــ ت	_ Name, _ S	tuart .	J. Haft, Esq.	<del>-</del>		
				Street Address (		x Number is Not Acceptable) al Poinciana Pla	aza		
	IN THIS SP	ACE		_					
				City P	alm Bea	ach	FL	Zip.Code 33480	
8. The above	named entity submits this statement for	the purpose of changing i	ts registere	ed office or re	gistered age	nt, or both, in the State of Florid		33400	
SIGNATURE .									
	Signature, typod or printed name of registered agent an	d title if applicable.		*			DATE		
1		Make Check P	FEE IS Payable to DUE BY	Departme	ent of State				
9.	MANAGING MEMBER					<u> </u>			
TITLE	Member		TITLE	1					
NAME STREET ADDRESS CITY-ST-ZIP	Kurt M. Krogen 290 No. Dixie Highw Stuart, FL 34994	<i>a</i> y		ET ADDRESS ST-ZIP					
TITLE NAME	Member		TITLE	1					
STREET ADDRESS	Judd B. Straus 885 NE Stokes Terra	ice	NAME STREE	T ADDRESS				ľ	
CITY-ST-ZIP	Jensen Beach, FL 3	4957	CITY-	ST-ZIP					
TITLE Name			TITLE					,	
,STREET ADDRESS	—————————————————————————————————————			T ADDRESS		DO NOT W	/DIT	_	
CITY-ST-ZIP			CITY-	ST-ZIP		DO NOT W	/KII	<u> </u>	
TITLE NAME			TITLE NAME			IN THIS SI	PACI	<b>Ξ</b> I	
STREET ADDRESS			4	T ADDRESS					
CITY-ST-ZIP	•	<del></del>	CITY-	ST- ZIP					
TITLE NAME			TITLE NAME						
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TITLE NAME			TITLE						
STREET ADDRESS	<b>\</b>		name Stree	T ADDRESS					
CITY-ST-ZIP			CITY-:	ST-ZIP					
11. I hereby ce indicated of	ertify that the information supplied with the on this report is true and accurate and the	is filing does not qualify fo at my signature shall have	or the exeme	ption stated legal effect a	in Section 11:	9.07(3)(i), Florida Statutes, I fur	ther certify	that the information	

limited liability company or the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

Judd B. Straus

4/22/02

(772) 286-0171

Daytime Phone #