

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90149 015 ****50.00

DOCUMENT # L01000006763

1. Entity Name

REJOYCE YACHT COMPANY, LLC



Principal Place of Business

**401 BAYFRONT PLACE
UNIT #3506
NAPLES FL 34102
US**

Mailing Address

**401 BAYFRONT PLACE
UNIT #3506
NAPLES FL 34102
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ.
ALLEY MAASS ROGERS & LINDSAY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'MEARA, WILLIAM J TRUSTEE 350 KING'S TOWN DRIVE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'MEARA, JOYCE A TRUSTEE 350 KING'S TOWN DRIVE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 proprietor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *William J. O'Meara and Joyce A. O'Meara as Co-Trustees of the O'Meara Living Trust*
Date **April 19, 1979**, as amended **2-18-03 (239) 659-5975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)