## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0100007742

1. Entity Name

IRWIN YACHTS, LLC



## **FILED** Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90747 019 \*\*\*\*50.00

| Principal Place of Distiness SSD BALAO WAY S. SSD REACH PL 33706  2. Principal Place of Business Suite, April 4, etc. Suite, April 4, etc. City 4, State City 4, State City 4, State City 5, State City 5, State City 5, State City 5, State City 6, State City 7, Name and Address of North Playletered Agent For Required For Regular For Required For Required For Regular For Regula |                   |                        |                                  |                                  |                     | OF WE             |  |                              |   |                          |                   |                  |  |
|--|-------------------|------------------------|----------------------------------|----------------------------------|---------------------|-------------------|--|------------------------------|---|--------------------------|-------------------|------------------|--|
| Sulte, Apt. #. etc.   City & State   City & State   City & State   City & State   A. FEI Number 59-3720131   Applied For   Not Applied F   | 5830 BALAO WAY S. |                        |                                  | 5830 BALAO WAY S.                | 5830 BALAO WAY S.   |                   |  | J 1002:10:18 0(1)            | <b>10:8:</b> 1:8:1 <b>6:</b> 111 <b>6</b> | 8:11 <b>82</b> 111 89111 | <b></b>           | 1818 (1887 (882) |  |
| City & State   | 2. Principal P    | lace of Business       |                                  | 3. Mailing Address               | 3. Mailing Address  |                   |  |                              |   |                          |                   |                  |  |
| Country   Zip   Country   Zip   Country   S. Cartificate of Status Desired   S.0.0 Applicable   S.0.0 Appl   | Suite, Apt.       | #, etc.                |                                  | Suite, Apt. #, etc.              | Suite, Apt. #, etc. |                   |  | CHECK HERE IF MAKING CHANGES |   |                          |                   |                  |  |
| S. Certificate of Status Diseased   Fee Required    | City & Stat       | е                      |                                  | City & State                     | City & State        |                   |  | J9 3/20131                   |   |                          |                   |                  |  |
| Name   Stroot Address (P.O. Box Number is Not Acceptable)   Stroot Acceptable Number is Number in Number is Number in Number in Number is Number in Number in Number in Number in Number in N   | Zip               | (                      | Country                          | Zíp                              | Country             |                   | <b>5.</b> Cer                                      | tificate of S                | Status Desired                            | : <u> </u>               |                   |                  |  |
| Stand Add was (P.O. Box Number is Not Acceptable)   Stand Address (P   |                   | 6. Name an             | d Address of Current I           | Registered Agent = == ===        | 77-1                |                   | - 7. Nar   | ne and Ad                    | dress of New                              | Registered               | Agent             |                  |  |
| Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Till E   Now   Till E   N   | 450.4             |                        | -                                |                                  |                     | Name              |  |                              |   |                          |                   | 1                |  |
| Signature of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm farmitar with, and accept the obligations of the obliga | 5830              | BALAO WAY              | S.                               |                                  |                     |                   | Street Address (P.O. Box Number is Not Acceptable) |                              |   |                          |                   |                  |  |
| B. 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 for the obligations of registered agent.    Signature   Si | . 31.             | PETE BEAUT             | FL 33/00                         |                                  |                     |                   |  |                              |   |                          | 7:0-              |                  |  |
| SIGNATURN     SIGNATURN   SI   |                   |                        |                                  |                                  |                     | City              |  |                              |   | F                        |                   | ie i             |  |
| SIGNATURE   Signature, Typed or printed name of registered agent and life it applicable. (INDITE Registered Agent algorature required when reinstating) DATE   DATE   DATE   DATE   DATE   DATE  |                   |                        |                                  | the purpose of changing its      | s registere         | ed office or re   | egistered agent                                    | , or both, ir                | n the State of                            | Florida. I an            | n familiar with,  | and accept       |  |
| Signature, hypotal or printed named is equitationable in PILLE NOW:!! FEE Is SS D.0.   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Due By May 1, 2003   Made Check Payable to Florida Department of State Payable to Flor   | J                 | ions of registered     | d agent.                         |                                  |                     |                   |  |                              |   |                          |                   |                  |  |
| Make Check Payable to Florida Department of State Due By May 1, 2003   MADDITIONS (CHANGES   MADDITIONS (CHANGES   Addition   MAME      | SIGNATURE .       | Signature, typed or pr | inted name of registered agent a | nd title if applicable. (NO      | TE: Registered      | d Agent signature | required when reinsta                              | ating)                       | 4   | DATE                     |                   |                  |  |
| MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES  |                   |                        |                                  |                                  | ·                   |                   |  | ate                          |   |                          |                   |                  |  |
| MGRM IRVIN, MICHAEL T 5830 BALAOWAYS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33706 ITILE NAME STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33706 ITILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP CHAPE NAM |                   |                        |                                  | Du                               | ie By Ma            | ay 1, 2003        |  |                              |   | •                        |                   |                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES | 9.                |                        | MANAGING MEMBER                  | RS/MANAGERS                      | 10.                 |                   |  | <del> !</del>                | ADDITION                                  | S/CHANGE                 | S                 |                  |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CI | TITLE             | MGRM                   |                                  | ☐ Delete                         | TITLE               |                   |  |                              |   | •                        | ☐ Change          | Addition         |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE | NAME              | IRVIN, MICH            | ael t                            |                                  | NAM                 | E                 |  |                              |   |                          |                   |                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS S | STREET ADDRESS    |                        |                                  |                                  |                     | - 1               |  |                              |   |                          |                   | į                |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP       | SAINT PETE             | RSBURG FL 33706                  |                                  | CITY                | -ST-ZIP           |  |                              |   |                          |                   |                  |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                   |                        |                                  | ☐ Delete                         |                     |                   |  |                              |   |                          | ☐ Change          | ☐ Addition       |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                   |                        |                                  |                                  | , , , , , ,         | _                 |  |                              |   |                          |                   | }                |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                   |                        |                                  |                                  |                     |                   |  |                              |   |                          |                   |                  |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                   |                        |                                  |                                  |                     |                   |  |                              |   |                          |                   |                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CITY-\$T-ZIP      |                        |                                  |                                  | CITY                | -ST-ZIP           |  |                              |   |                          |                   |                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TITLE             |                        | *                                | ☐ Delete                         | TITLE               |                   |  | •                            |   |                          | ☐ Change          | ☐ Addition       |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  | STREET ADDRESS    |                        |                                  |                                  |                     | II                |  |                              |   |                          |                   |                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  | CITY-ST-ZIP       |                        |                                  |                                  | CITY-               | -ST-ZIP           |  |                              |   |                          |                   |                  |  |
| STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  |                   |                        |                                  | Delete                           |                     |                   |  |                              |   |                          | Change            | ☐ Addition       |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP   |                   |                        |                                  |                                  |                     |                   |  |                              |   |                          |                   | 1                |  |
| TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP  |                   |                        |                                  |                                  | 3                   |                   |  |                              |   |                          |                   |                  |  |
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| CITY-ST-ZIP CITY-ST-ZIP  |                   |                        | •                                |                                  |                     |                   | •  |                              |   |                          |                   |                  |  |
|  |                   |                        |                                  |                                  |                     |                   |  |                              |   |                          |                   |                  |  |
|  |                   | ertify that the inf    | ormation supplied with           | this filing does not qualify for |                     |                   | d in Section 119                                   | 9.07(3)(i). F                | lorida Statute                            | s. I further co          | ertify that the i | nformation       |  |

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.