FILED Sep 23, 2002 8:00 am Secretary of State

09-04-2002 90095 022 ****50.00

DOCUMENT # L01000010083

CAL YACHTS, LC

Principal Place of Business 688 OLD DIXTE HIGHWAY .

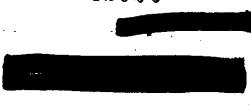
VERO BEACH FL 32962

Zip

Malling Address

686 OLD DIXIE HIGHWAY VERO BEACH FL 32962

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M --618 NE 1ST STREET **GAINESVILLE FL 32601**

__Country

7. Name and Address of New Registered Agent ^{Name}rl_Lachnitt

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

4. FEI Number

5. Certificate of Status Desired

^{Ci}∀ero Beach

32982-8321

\$5.00 Additional

Fee Required

Applied For Not Applicable

8. The above named epitity 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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By Sentember 25, 2002

Date by depletiment to, 2002				
9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carl Lachnitt 2180 SE Gract Vero Beach, FL 32962	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	Idition
NAME STREET ASORESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	III'LE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dillon
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addin	ition

11. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

VAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #