2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010083

1. Entity Name

CAL YACHTS, LC



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90012 027 ****50.00

2/10/03

Principal Place of Business 686 OLD DIXIE HIGHWAY VERO BEACH FL 32962		Mailing Address 686 OLD DIXIE HIGHWAY VERO BEACH FL 32962			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State	<u> </u>	4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
			-Name		
2180	HNITT, CARL 6TH COURT SE D BEACH FL 32962-8321		Street Address	s (P.O. Box Number is Not Acceptable)	
,			City	FL Zip Code	
CIONATURE	ons of registered agent. Signature, typed or printed name of registered ager	FILE N Make Check Payat	TE: Registered Agent signature requi	0	
	_	Di	ue By May 1, 2003		
9.	MANAGING MEME	ERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lachnitt, Carl 2180 Se 6th Ct Vero Beach Fl 32962	Delete	TITLE NAME STREET ADDRESS TO CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERO BEAGITTE 32302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. • • • • • • • • • • • • • • • • • • •	☐ Delete -<	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
11. I hereby of indicated limited lia	certify that the information supplied w I on this report is true and accurate at ability company or the receiver of trus	ith this filing does not qualify the state of that my signature shall have the empowered to execute this	for the exemption stated in re the same legal effect as is report as required by Ch	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that i am a managing member or manager of the napter 608, Florida Statutes.	

SEQUIRED

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