2005 LIMITED LIABILITY COMPANY

May 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L02000004624 1. Entity Name PREMIER YACHT SALES, L,L.C. Principal Place of Business Mailing Address 100 LAKESHORE DR 100 LAKESHORE DR SUITE 1551 **SUITE 1551** NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 04-3651028 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOODRUFF, DONALD R DO NOT WRITE 100 LAKESHORE DR, STE 1551 NORTH PALM BEACH, FL 33408 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WOODRUFF, DONALD R NAME STREET ADDRESS 100 LAKESHORE DR, STE 1551 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 UTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 compa

SIGNATURE G MANAGER MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

> 61-7767095 Daytime Phone #

FILED