

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

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90030 031 \*\*\*500.00

**DOCUMENT # L02000004624**

1. Entity Name

**PREMIER YACHT SALES, L.L.C.**



Principal Place of Business

**2800 N.E. 30TH AVE. APT. B12  
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2800 N.E. 30TH AVE. APT. B12  
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

**100 LAKESHORE DRIVE**

3. Mailing Address

**100 LAKESHORE DRIVE**

Suite, Apt. #, etc.

**SUITE 1551**

Suite, Apt. #, etc.

**SUITE 1551**

City & State

**N. PALM BEACH, FL**

City & State

**N. PALM BEACH, FL**

Zip

**33408**

Country

Zip

**33408**

Country

4. FEI Number

**04-3651028**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WOODRUFF, DONALD R  
2800 N.E. 30TH AVE., APT. B12  
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name **DONALD R. WOODRUFF**

Street Address (P.O. Box Number is Not Acceptable)  
**100 LAKESHORE DRIVE**

**SUITE 1551**

City **N. PALM BEACH**

**FL**

Zip Code **33408**

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 **MANAGING MEMBER** ☐ Delete  
NAME **DONALD R. WOODRUFF**  
STREET ADDRESS **100 LAKESHORE DR. SUITE 1551**  
CITY-ST-ZIP **N. PALM BEACH, FL. 33408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **DONALD R. WOODRUFF**  
STREET ADDRESS **100 LAKESHORE DR. SUITE 1551**  
CITY-ST-ZIP **N. PALM BEACH, FL 33408**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: **DONALD R. WOODRUFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**561-776-7095**

CR2E083 (10/02)