


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90352 031 \*\*\*\*55.00

<b>DOCUMENT # L02000025874</b>		
1. Entity Name <b>INTERNATIONAL YACHT, LLC</b>		
Principal Place of Business <b>5400 N.E. 15TH AVENUE FORT LAUDERDALE FL</b>		Mailing Address <b>5400 N.E. 15TH AVENUE FORT LAUDERDALE FL</b>
2. Principal Place of Business <b>5400 N.E. 15th Ave</b>	3. Mailing Address <b>5400 N.E. 15th Ave</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33334</b>	Country <b>US</b>	Zip <b>33334</b>
Country <b>US</b>		



1st MOORE

CR2E083 (10/04)

4. FEI Number <b>74-3065046</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ALLEN H. KATZ P.A. 2800 E. COMMERCIAL BLVD. #208 FT. LAUDERDALE FL 33308</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 *Allen Katz* (NOTE: Registered Agent signature required when reinstating) DATE 3/10/05

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUELL, RICHARD W II 5400 N.E. 15TH AVE. FT. LAUDERDALE FL 33334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Richard W. Buell II* **954-648-3228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #