2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Apr 30, 2004 8:00 am

DOCUMENT # L02000026684  1. Entity Name DIAMOND 99 SAILING SCHOOL, LLC				04-19-2004 90040 024 ****50.00		
Principal Place of Business Mailing Address 4399 NORTH U.S. HIGHWAY 1 MELBOURNE FL 32935 MELBOURNE FL 32935						
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E083 (*	1 1/03) ·		
City & State City & Sta		City & State		4. FEI Number 71-0910982 Applied For Not Applicable		
Zip · ·-	Country -	- Zip	Country		.00 Additional Required	
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registered Ager	nt	
Name +				HN W. FINDLATER JR.		
ENALATER JOHN W JR WIS PELLED MIS PELLED MIS PELLED			Street Address			
MICT	SCOTING I IS JEGGO		City	Parate FI	Zin Code	
8: The above	named entity submite this statement for	the nurnose of changing its	registered office or regist	BOURUE FL ered agent, or both, in the State of Florida. I am fami	iliar with, and accept	
the obligation	ions of egistered agent.	A Porpose of Charging its	registered office of regist	anille 2	2004	
9.	MANAGING MEMBE	Make Check Payab	OWIII FEE IS \$50.00 le to Florida Departm e By May 1, 2004	ent of State  ADDITIONS/CHANGES		
ITTLE	MGRM	☐ Delete	TITLE		Change	
HAME	DIAMOND 99 MARINA & YACHT S		NAME	_		
STREET ADDRESS 4399 N US HWY 1			STREET ADDRESS		Ì	
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		Change Addition	
TITLE NAME	MGRM COYOTE SAILING ENTERPIRSES,	Detete	TITLE NAME STREET ADDRESS	L.	J Change LJ Addaron	
CITY-ST-ZB	MELBOURNE FL 32935	·	CITY-ST-ZIP			
TITLE		Delete _	TITLE		Change Addition	
NAME CTREET ADORSES			NAME STREET ADDRESS		1	
STREET ADDRESS.	- CO - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	دی م <del>نظم کی</del> بیناه <del>منظم</del> ایان از از منظم بینان بینان میان از از	STREET ADDRESS CITY-ST-ZIP	ر در میکنید در این از این این در این در این در این د	·	
TITLE		☐ Delete	TITLE		Change Addition	
NAME	•		NAME		1	
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP			
BILE		Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	•	}	
TITLE		☐ Delete	THLE		Change Addition	
NAME	1		NAME	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP			
44 13	certify that the information supplied with	this filing does not qualify fo	er the everenties stated in	Section 119.07(3)(i), Florida Statutes. I further certify	that the information	
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.						
	20	Minter	b H	Opriel 28, 20	204/	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MI	ANAGER, OR AUTHORIZED REPR	ESENTATIVE Date Dayle	ne Phohe ii	