

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000030824**

1. Entity Name  
**YACHTEZ IMPORT, LLC**



Principal Place of Business      Mailing Address

**1100 LEE WAGENER BLVD.**      **2201 MARINA BAY DRIVE WEST**  
**312**      **201**  
**FORT LAUDERDALE, FL 33315**      **FORT LAUDERDALE, FL 33312**

**DO NOT WRITE IN THIS SPACE**



08032006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>35-2194728</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GIANASSI, MARK**  
**2201 MARINA BAY DRIVE WEST**  
**#201**  
**FORT LAUDERDALE, FL 33312**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GIANASSI, MARK</b> <b>2201 MARINA BAY DRIVE WEST #201</b> <b>FORT LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 08/07/06-80001-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:**       **7/28/06**      **9547678855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #