


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90343 049 \*\*\*\*50.00

|  |                                 |  |  |   |                                  |
|--|---------------------------------|--|--|---|----------------------------------|
| <b>DOCUMENT # L03000003012</b>   |                                 |  |  |  |                                  |
| <b>1. Entity Name</b><br>OH BE JOYFUL SAILING, LLC   |                                 |  |  |   |                                  |
| <b>Principal Place of Business</b><br>3049 51ST STREET SOUTH<br>GULFPORT, FL 33707 US  |                                 |  | <b>Mailing Address</b><br>3049 51ST STREET SOUTH<br>GULFPORT, FL 33707 US  |   |                                  |
| <b>2. Principal Place of Business</b>  |                                 | <b>3. Mailing Address</b>                                |  |   |                                  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.                                      |  |   |                                  |
| City & State   |                                 | City & State   |  |   |                                  |
| Zip  | Country                         | Zip  | Country  |   | 01202004 Chg-LLC CR2E083 (10/03) |
| <b>4. FEI Number</b><br>55-0812 449  |                                 |  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |                                  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |                                 |  |  | <b>\$5.00 Additional Fee Required</b>   |                                  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PARKER, DAVID J<br>3049 51ST STREET SOUTH<br>GULFPORT, FL 33707  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                            |   |                                  |
| <b>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.</b>   |                                 |  |  |   |                                  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____  |                                 |  |  |   |                                  |
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b>  |                                 | <b>Make check payable to Florida Department of State</b> |  |   |                                  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                 |  | <b>10. ADDITIONS/CHANGES</b>   |   |                                  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>PARKER, DAVID J<br><b>STREET ADDRESS</b><br>3049 51ST STREET SOUTH<br><b>CITY-ST-ZIP</b><br>GULFPORT, FL 33707   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>MANAGING MEMBER<br><b>NAME</b><br>DIANNE M KIPP<br><b>STREET ADDRESS</b><br>800 Madonna Blvd Apt A<br><b>CITY-ST-ZIP</b><br>Tierra Verde, FL 33715 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                  |
| <b>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.</b> |                                 |  |  |   |                                  |
| <b>SIGNATURE:</b> <u>David J. Parker</u>   |                                 |  | <b>02/06/2004</b>  |   |                                  |
| SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 |  | Date Daytime Phone #   |   |                                  |