2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # L03000006850 1. Entity Name 03-14-2006 90329 001 ***150.00 ALLURE YACHT, LLC Principal Place of Business Mailing Address 5920 SENEGAL DRIVE 5920 SENEGAL DRIVE JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-1100311 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ. Street Address (P.O. Box Number is Not Acceptable) 3801 PGA BOULEVARD 802 PALM BEACH GARDENS FL 33410 Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE ☐ Change Addition THE MGRM ☐ Delete LOMBARDO, ALDO A NAME NAME STREET ADDRESS STREET ADDRESS 5920 SENEGAL DRIVE CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP Change Addition TITLE MGRM ☐ Delete NAME LOMBARDO, JEANNINE M STREET ADDRESS STREET ADDRESS 5920 SENEGAL DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE Defete TITLE Change ☐ Addition MGRM NAME NAME LOMBARDO CHILDREN'S IRREVOCABLE TRUST AGRE STREET ADDRESS STREET ADDRESS 5920 SENEGAL DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change ■ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

Date

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED