

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 16 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000007462

1. Entity Name
LIBRA YACHT HOLDINGS, LLC



Principal Place of Business
C/O 1221 BRICKELL AVE., STE. 2100
MIAMI, FL 33131

Mailing Address
C/O 1221 BRICKELL AVE., STE. 2100
MIAMI, FL 33131

BK

2. Principal Place of Business
1200 Brickell Avenue

3. Mailing Address
1200 Brickell Avenue

Suite, Apt. #, etc.
Suite 1840

Suite, Apt. #, etc.
Suite 1840

01082004 Chg-LLC CR2E083 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
45-0506380

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A
1221 BRICKELL AVE., STE. 2100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Pedro A. Martin**
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 1840
City **Miami** FL Zip Code **33131**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**Mgr.
Pedro A. Martin
1200 Brickell Avenue, Suite 1840
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**000034379280
04/28/04--01018--008 **50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4/6/04