

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90165 023 ****50.00



DOCUMENT # L03000029492

1. Entity Name

SEA HAWK YACHTING, LLC

Principal Place of Business

C/O WILLIAM L. TREGONING
 28 ST. THOMAS DR.
 PALM BEACH GARDENS FL 33418

Mailing Address

C/O WILLIAM L. TREGONING
 28 ST. THOMAS DR.
 PALM BEACH GARDENS FL 33418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-2266081

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

HAFT, STUART J
 C/O ALLEY, MAASS, ROGERS & LINDSAY, PA
 321 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
HAFT, STUART J
 Street Address (P.O. Box Number is Not Acceptable)
C/O ALLEY, MAASS, ROGERS & LINDSAY, PA
321 ROYAL POINCIANA PLAZA
 City **PALM BEACH** FL Zip Code **33480**

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

William L. Tregoning

(NOTE: Registered Agent signature required when resigning)

Jan 25 2006

DATE

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	TREGONING, WILLIAM L	28 ST. THOMAS DR.	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

William L. Tregoning

Jan 25 2006

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

Date

Daytime Phone #