

# 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)

DATE

Jan 25 2006

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME TREGONING, WILLIAM L  
STREET ADDRESS 28 ST. THOMAS DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*William L. Tregoning*

Jan 25 2006

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

Date

Daytime Phone #