

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035800**

1. Entity Name

**NELSON YACHT SERVICES, LLC**



Principal Place of Business

**896 N. FEDERAL HIGHWAY, SUITE 212  
POMPAÑO BEACH, FL 33062**

Mailing Address

**896 N. FEDERAL HIGHWAY, SUITE 212  
POMPAÑO BEACH, FL 33062**



04132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**55-0859755**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NELSON, TROY R  
896 N. FEDERAL HIGHWAY, SUITE 212  
POMPAÑO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NELSON, TROY ROBERT  
2941 NE 8 AVENUE  
POMPAÑO BEACH, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U00000516253  
04/29/06-80241-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*TRM*

*4/13/2006*

*954 788 9783*

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

Date

Daytime Phone