


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L03000037131</b><br>1. Entity Name<br>ROYAL PALM YACHTING, L.L.C.   |   |  |  |                                  |  |
| Principal Place of Business<br>105 EAST PALMETTO PARK ROAD<br>BOCA RATON, FL 33432  |   |  | Mailing Address<br>105 EAST PALMETTO PARK ROAD<br>BOCA RATON, FL 33432 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                              |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   |   | Country  |  | Zip   |  |
| Country   |   | Country  |  | 4. FEI Number<br>01072004 Chg-LLC CR2E083 (10/03)   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>D'ALMEIDA, ARTHUR B<br>105 EAST PALMETTO PARK ROAD<br>BOCA RATON, FL 33432   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |  |  | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |   | Make check payable to<br>Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>D'ALMEIDA, ATHUR B ESQ<br>105 EAST PALMETTO PARK ROAD<br>BOCA RATON, FL 33432 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | Change Addition<br>UD00000003843<br>01/14/04-80003-013 50.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ADAMS, MICHAEL<br>690 SE 15TH STREET #107<br>DANIA, FL 33004                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Arthur B Almeida</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date: 1-7-04 Daytime Phone #: 561 3684674                              |   |  |