

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024034

FILED
Mar 22, 2006
Secretary of State

Entity Name: NORTH FLORIDA YACHT MANAGEMENT, LLC

Current Principal Place of Business:

3027 HIGHWAY 17
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

3027 HIGHWAY 17
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 86-1101797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITNEY, CANDIS
3027 HIGHWAY 17
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITNEY, CANDIS
Address: 3027 HIGHWAY 17
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: WHITNEY'S SAILCENTER, , INC.
Address: 3027 HIGHWAY 17
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM (X) Delete
Name: RADECKI, SARA
Address: 744 WESTMINISTER DR
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RADECKI, SARA
Address: 744 WESTMINISTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CANDIS WHITNEY

MGRM

03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date