


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000081138 1. Entity Name YACHT SPARES LLC |  |
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| Principal Place of Business 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314 | Mailing Address 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314 |
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01132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 32-0131257 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PENN, JOHN C 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314 |
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PENN, MILES C 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PENN, JOHN C 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PENN, BETTY J 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314 |
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| <p>11000001490174 01/23/06-80016-020 \$0.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: John C Penn **1-16-2006** 954 358-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #