


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90140 046 ****50.00

DOCUMENT # L04000081138					
1. Entity Name YACHT SPARES LLC					
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		
2. Principal Place of Business - No P.O. Box # YACHT SPARES LLC		3. Mailing Address 2364 SW 34th STREET			
Suite, Apt. #, etc. 2364 SW 34th ST. BAY G		Suite, Apt. #, etc. BAY G			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 32-0131257	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENN, JOHN C 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314			7. Name and Address of New Registered Agent Name JOHN C. PENN Street Address (P.O. Box Number is Not Acceptable) 2364 SW 34th STREET BAY G City FT. LAUDERDALE FL Zip Code 33312		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENN, MILES C 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILES C. PENN 2364 SW 34th STREET BAY G FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENN, JOHN C 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN C. PENN 2364 SW 34th STREET BAY G FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENN, BETTY J 4980 S.W. 52ND STREET, SUITE 105 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETTY J. PENN 2364 SW 34th STREET BAY G FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ (MGRM)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					