2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L05000039644

Entity Name: YACHT SALES USA, LLC

Current Principal Place of Business:

101 N. RIVERSIDE DRIVE, #214
C/O TEX W. TRACY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

101 N. RIVERSIDE DRIVE, #214
C/O TEX W. TRACY
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-2694197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, TEX W
101 N. RIVERSIDE DRIVE, #214
POMPANO BEACH, FL 33062 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: MGR ( ) Delete
Name: TRACY, TEX W
Address: 101 N. RIVERSIDE DRIVE, #214
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR ( ) Delete
Name: TROCCOLI JR., THOMAS
Address: 101 N. RIVERSIDE DR.#214
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: ALLEGRI, CHARLES F
Address: 101 N. RIVERSIDE DR.#214
City-St-Zip: POMPANO BEACH, FL 33062

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: TEX W. TRACY MGR 01/24/2007

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