2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Sep 11, 2006 8:00 am Secretary of State DOCUMENT # L05000041610 1. Entity Name 09-11-2006 90092 012 ****50.00 LRT YACHT SALES, LLC Principal Place of Business Mailing Address 6233 PLUNKETT STREET HOLLYWOOD FL 33023 6233 PLUNKETT STREET **HOLLYWOOD FL 33023** 3. Mailing Address 1935 COMMETILE 2. Principal Place of Business 1935 COMMERCE Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) SUITE 50 ITE 4. FEI Number 30 - 0312 197 City & State Applied For City & State JUPITE Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD GRANDY BERNARD, LUC Street Address (P.O. Box Number is Not Acceptable) 6233 PLUNKETT STREET HOLLYWOOD FL 33023 PITER 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM DULE □ Delete TITLE Change Addition BERNARD, LUC NAME NAME 1320 TIDAL POINTE **6233 PLUNKETT STREET** BUYD STREET ADDRESS STREET ADDRESS JUPITER, FL HOLLYWOOD FL 33023 33477 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Im E ☐ Change Addition GRANDY, RICHARD R 9148 SE STAR ISLAND WAY STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE TIΠE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED