

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051496

FILED
Mar 20, 2006
Secretary of State

Entity Name: WESTPOINTS LUXURY YACHT CHARTERS, LLC

Current Principal Place of Business:

1004 COLLIER CENTER WAY, #100
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1004 COLLIER CENTER WAY, #100
NAPLES, FL 34110

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAILEY, RONALD JR CPA
1004 COLLIER CENTER WAY, #100
NAPLES, FL 34110 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: MILLER, MATTHEW T
Address: 1004 COLLIER CENTER WAY, #100
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: MILLER, JOHN C II
Address: 1004 COLLIER CENTER WAY, #100
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: MILLER, JOHN C
Address: 1004 COLLIER CENTER WAY, #100
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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

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: MATTHEW T MILLER

MGRM

03/20/2006

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