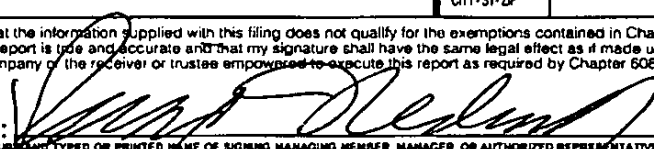


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-02-2006 90036 019 ****50.00

DOCUMENT # L05000052427 1. Entity Name SCANDALOUS YACHTING LLC					
Principal Place of Business 11370 LONGWATER CHASE COURT FORT MYERS, FL 33908			Mailing Address % RICHARD NESLUND 11370 LONGWATER CHASE COURT FORT MYERS, FL 33908		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 47-6324381 ☐ Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HAFT, STUART J ESQ. % ALLEY MAASS ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u>Stuart J. Haft</u> _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NESLUND, RICHARD 11370 LONGWATER CHASE COURT FORT MYERS, FL 33908 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: 				4-21-06 239 466 8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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03102006 Chg-LLC CR2E083 (11/05)