

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078591

FILED
May 01, 2006
Secretary of State

Entity Name: D & J YACHT SPECIALISTS, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

12221 MCGREGOR BOULEVARD
FORT MYERS, FL 33919

New Principal Place of Business:

6841 IDLEWILD STREET
FORT MYERS, FL 33912

Current Mailing Address:

12221 MCGREGOR BOULEVARD
FORT MYERS, FL 33919

New Mailing Address:

6841 IDLEWILD STREET
FORT MYERS, FL 33912

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BODDISON, DENNIS S
12221 MCGREGOR BOULEVARD
FORT MYERS, FL 33919 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: VILLERS, JOSEPH A
Address: 6841 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM () Change (X) Addition
Name: BODDISON, DENNIS
Address: 12221 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33919 US

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: DENNIS BODDISON

MGRM

05/01/2006

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