

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087258

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** VASSELS EVENTS AND MARKETING LLC

**Current Principal Place of Business:**

120 SHERWOOD CR.  
9D  
JUPITER, FL 33458 US

**New Principal Place of Business:**

1502 MEADOWS CIRCLE W.  
BOYNTON BEACH, FL 33436 US

**Current Mailing Address:**

120 SHERWOOD CR.  
9D  
JUPITER, FL 33458 US

**New Mailing Address:**

1502 MEADOWS CIRCLE W.  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 54-2181811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALDRON, TRICIA N  
120 SHERWOOD CR.  
9D  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

WALDRON, TRICIA N  
1502 MEADOWS CIRCLE W.  
BOYNTON BEACH, FL 33436 US

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: TRICIA NICOLE WALDRON

01/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALDRON, TRICIA N  
Address: 120 SHERWOOD CR. 9D  
City-St-Zip: JUPITER, FL 33458 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALDRON, TRICIA N  
Address: 1502 MEADOWS CIRCLE W.  
City-St-Zip: BOYNTON BEACH, FL 33436 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: TRICIA NICOLE WALDRON

MGR

01/10/2006

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