2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: RICHAZO E. BEACH. (NICR, MBR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTH

Apr 14, 2006 8:00 am Secretary of State DOCUMENT # L05000097296 04-14-2006 90030 028 ****50.00 RB YACHT SERVICES, LLC Principal Place of Business Mailing Address **302 MAPLE CREST DRIVE** 4308 SE COVE LAKE CIRCLE HAINES CITY, FL 33844 US APT. 207 STUART, FL 34997 2. Principal Place of Business 3. Mailing Address 658 SWEET WATER WAY, E. Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For HAINES 20-3571291 Not Applicable Zip Country \$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 BEACH, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 302 MAPLE CREST DRIVE HAINES CITY, FL 33844 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. TIRICHARD BEACH Signisture, typed or printed name of registered agent and title If applicable. Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete BEACH, RICHARD E NAME NAME STREET ADDRESS 4308 SE COVE LAKE CIRCLE APT. 207 STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE ☐ Delete ШŒ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 608, Florida Statutes.

FILED

863-419-0906

Daytime Phone

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