

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097507

Entity Name: YACHT LINENS LLC

FILED  
Feb 04, 2009  
Secretary of State

**Current Principal Place of Business:**

13259 BONEY ROAD  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

13259 BONEY ROAD  
JACKSONVILLE, FL 32226 US

**Current Mailing Address:**

13259 BONEY ROAD  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

212 S 8TH STREET  
FERNANDINA BEACH, FL 32034 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SHEHATA, LAYLA A  
13259 BONEY ROAD  
FERNANDINA BEACH, FL 32034 US

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

SHEHATA, LAYLA A  
212 S 8TH STREET  
FERNANDINA BEACH, FL 32034 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: LAYLA A SHEHATA

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAULSON, MICHAEL A  
Address: 13259 BONEY ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete  
Name: SHEHATA, LAYLA A  
Address: 13259 BONEY ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

**ADDITIONS/CHANGES:**

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 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: LAYLA A SHEHATA

MGRM

02/04/2009

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