2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000051420

1. Entity Name

BAHÁMA YACHT SALES, LLC



Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business 255 COREY AVE., SUITE 255 ST. PETE BEACH, FL 33706 Mailing Address

P.O. BOX 67128

ST. PETE BEACH, FL 33736



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01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4919314

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

FILED

6. Name and Address of Current Registered Agent

ST. CLAIR, JOYCE A 255 COREY AVENUE, SUITE 255 ST. PETE BEACH, FL 33706

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000927160 05/20/08-80095-020 138.

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9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ST. CLAIR, JOYCE A 255 COREY AVE., SUITE 255 ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CJTY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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.

SIGNATURE:

CITY-ST-ZIP (**)

O TYPEL OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #