

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000077049	
1. Entity Name AVMAR YACHT SALES, LLC	
Principal Place of Business 9 SW 13TH STREET FT. LAUDERDALE, FL 33315	Mailing Address 9 SW 13TH STREET FT. LAUDERDALE, FL 33315



03282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5335650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, TOM
9 SW 13TH STREET
FT. LAUDERDALE, FL 33315

**DO NOT WRITE
IN THIS SPACE**

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

U00000880377
04/15/08-80059-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MACPHEE, SCOTT
STREET ADDRESS	9 SW 13TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	MGRM
NAME	MORRIS, JEFF
STREET ADDRESS	2148 NE 24TH
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	P
NAME	MACPHEE, SCOTT
STREET ADDRESS	9 SW 13TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	MGRM
NAME	MORRIS, JEFF
STREET ADDRESS	940 NW 1ST ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Kim Williams* *for Tom Andrews* 3-31-08 9545234151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #