


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000082626**

1. Entity Name  
PYXIS YACHT, LLC



Principal Place of Business  
PO BOX 1043  
PALM BEACH, FL 33480

Mailing Address  
PO BOX 1043  
PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

FILED  
07 JUN -8 AM 11:05  
CLERK OF THE COURT  
PALM BEACH, FLORIDA



05082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
205411552

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, PAUL R ESQ  
250 NE 12TH STREET  
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent


Name  
SAME

Street Address (P.O. Box Number is Not Acceptable)  
631 US HWY ONE

Suite 403

City  
North Palm Beach FL Zip Code  
33408

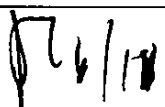
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 6/4/2007

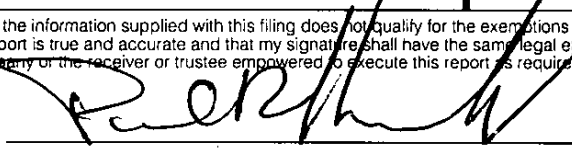
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KENNEDY, PAUL R PO BOX 1043 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500104425105 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/15/07--01025--024 **250.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 6/4/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE