

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098594

Entity Name: FIRST COAST YACHT SALES, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

3326 LAKESHORE BLVD.  
SUITE 2  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

3326 LAKESHORE BLVD.  
SUITE 2  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: 71-1013843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JACK H  
4257 ORTEGA PLACE  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

SMITH, JAMES M  
10135 GATE PARKWAY  
#815  
JACKSONVILLE, FL 32246 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: JAMES M SMITH

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete  
Name: SMITH, JACK H  
Address: 4257 ORTEGA PLACE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MR (X) Delete  
Name: SMITH, JAMES M  
Address: 3326 LAKE SHORE BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition  
Name: SMITH, JAMES M  
Address: 10135 GATEARKWAY #815  
City-St-Zip: JACKSONVILLE, FL 32246

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: JAMES M SMITH

MR

04/29/2009

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