2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90152 003 ****50.00

DOCUMENT # L06000107743

1. Entity Name
INSPIRATION YACHTS L.L.C.

Principal Place of Business	Mailing Address
2225 N.E. 14 AVE WILTON MANORS, FL 33305 US	2225 N.E. 14 AVE WILTON MANORS, FL 33305 US
2. Principal Place of Business - No P.O. Box #: 3445 NW 44th ST.	3. Mailing Address: 3445 NW 44th ST
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.: 203
City & State: LAUDERDALE LAKES, FL	City & State: LAUDERDALE LAKES, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

03102007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 90-0292170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRACK, ILARIA V
2225 N.E. 14 AVE
WILTON MANORS, FL 33305

7. Name and Address of New Registered Agent

Name: BRACK ILARIA V
Street Address (P.O. Box Number is Not Acceptable): 3445 NW 44th STREET, #203
City: LAUDERDALE LAKES FL Zip Code: 33309

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] ILARIA BRACK 3/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	BRACK, ILARIA V		NAME	BRACK, ILARIA V	
STREET ADDRESS	2225 N.E. 14 AVE		STREET ADDRESS	3445 NW 44th STREET, #203	
CITY-ST-ZIP	WILTON MANORS, FL 33305		CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] ILARIA BRACK 3/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #