

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025062

FILED
Apr 15, 2008
Secretary of State

Entity Name: SRB YACHT BROKERAGE, LLC

Current Principal Place of Business:

290 9TH STREET NORTH
STE 200
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

290 9TH STREET NORTH
STE 200
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 41-2244336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, ROBERT E JR.
2042 HAWAII AVE.
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWTON, ROBERT E JR
Address: 290 9TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: MGRM () Delete
Name: SCHMIDT, STEVEN R
Address: 290 9TH STREET NORTH, STE 200
City-St-Zip: ST. PETERSBURG, FL 33705 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEWTON, ROBERT E JR
Address: 290 9TH STREET NORTH, STE 201
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: MGRM (X) Change () Addition
Name: SCHMIDT, STEVEN R
Address: 290 9TH STREET NORTH, STE 201
City-St-Zip: ST. PETERSBURG, FL 33705 US

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: ROBERT E. NEWTON, JR.

MGRM

04/15/2008

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