## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 07, 2008 8:00 am Secretary of State **DOCUMENT #L07000032743** 1. Entity Name ROZANSKI SAILING, LLC 04-07-2008 90235 004 \*\*\*138.75 Principal Place of Business Mailing Address **5751 AVENIDA ESTORIL 5751 AVENIDA ESTORIL** 76607000 LONG BEACH, CA 90814 LONG BEACH, CA 90814 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number 83 - 0477984 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE & COMPANY SECRETARIES, INC. Street Address (P.O. Box Number is Not Acceptable) 355 ALHAMBRA CIRCLE **SUITE 1100** MIAMI, FL 33134 City Zip Code 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) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State Service But to be the MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME WALSH, DONALD JR. NAME STREET ADDRESS **5751 AVENIDA ESTORIL** STREET ADDRESS CITY-ST-ZIP LONG BEACH, CA 90814 CITY-ST-ZIP TITLE ☐ Delete NT) F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Chance ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 ADORESS CITY-ST-7P 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.

FILED

04/03/2008

ENTATIVE

E DONALD WALSH.

SIGNATURE: