

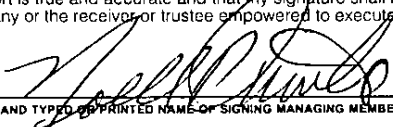


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <b>DOCUMENT # L07000066893</b><br>1. Entity Name<br><b>LINEAGE YACHT &amp; SHIP, LLC</b>   |  |  |  |    |  | <b>FILED</b><br><b>08 JUN -4 AM 10:45</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>520 VICTORIA TERRACE<br/>FORT LAUDERDALE, FL 33301</b>   |  |  |  | Mailing Address<br><b>520 VICTORIA TERRACE<br/>FORT LAUDERDALE, FL 33301</b>  |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1850 S.E. 17th St.</b><br>Suite, Apt. #, etc.<br><b>301</b>   |  | 3. Mailing Address<br><b>1850 S.E. 17th St.</b><br>Suite, Apt. #, etc.<br><b>301</b>                       |  | <br>05222008 Chg-LLC CR2E083 (12/06)  |  |  |  |
| City & State<br><b>Fort Lauderdale FLA</b>   |  | City & State<br><b>Fort Lauderdale FLA</b>   |  |   |  |  |  |
| Zip<br><b>33316</b>  |  | Zip<br><b>33316</b>  |  |   |  |  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  | 4. FEI Number   |  | Applied For<br><input type="checkbox"/> Not Applicable                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$5.00</b> Additional Fee Required   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPDIRECT AGENTS, INC.<br/>515 EAST PARK AVENUE<br/>TALLAHASSEE, FL 32301</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div>   |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  | 10. ADDITIONS/CHANGES   |  |  |  |
| TITLE<br><b>Pres</b><br>NAME<br><b>Noel P. Dawter</b><br>STREET ADDRESS<br><b>1850 S.E. 17th St</b><br>CITY-ST-ZIP<br><b>Fort Lauderdale FLA 33316</b> <input type="checkbox"/> Delete   |  |  |  | TITLE<br>NAME<br><b>500131091405</b><br>STREET ADDRESS<br><b>06/10/08--01007--019</b><br>CITY-ST-ZIP<br><b>**143.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Delete   |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Delete   |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Delete   |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Delete   |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Delete   |  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |  |   |  |  |  |
| <b>SIGNATURE:</b>  <b>May 30 08</b> <b>954-522-3232</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |  |   |  |  |  |