


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90018 010 ***138.75

DOCUMENT # L07000070813	
1. Entity Name DONALD YACHT, LLC	

Principal Place of Business 660 NW 125TH STREET NORTH MIAMI, FL 33168	Mailing Address 660 NW 125TH STREET NORTH MIAMI, FL 33168
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2. Principal Place of Business - No P.O. Box # 320 Spyglass Way	3. Mailing Address 5500 Military Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #22-272

City & State Jupiter FL	City & State Jupiter FL
Zip 33477	Zip 33458
Country US	Country US

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 35Q E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Name Don Horwitz Street Address (P.O. Box Number is Not Acceptable) 320 Spyglass Way City Jupiter FL 33477 Zip Code 33458	
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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 **Don Horwitz** (NOTE: Registered Agent signature required when reinstating) DATE **4/30/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORWITZ, DON 660 NW 125TH STREET NORTH MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Don Horwitz Manager** DATE: **4/30/08** Daytime Phone #: **305 7994434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE