

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078276

FILED
Apr 28, 2008
Secretary of State

Entity Name: INTERNATIONAL SAILING SCHOOL, LLC

Current Principal Place of Business:

7069 KEY HAVEN RD
UNIT 203
SEMINOLE, FL 33777 US

New Principal Place of Business:

6800 SUNSHINE SKYWAY LANE-HOLIDAY INN
ST.PETERSBURG, FL 33711 US

Current Mailing Address:

7069 KEY HAVEN RD
UNIT 203
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 26-0651335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIBBINS, STEWART
7069 KEY HAVEN RD
UNIT 203
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

HIBBINS, STEWART W
7069 KEY HAVEN RD
UNIT 203
SEMINOLE, FL 33777 US

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: STEWART W. HIBBINS

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIBBINS, STEWART
Address: 7069 KEY HAVEN RD UNIT 203
City-St-Zip: SEMINOLE, FL 33777 US

Title: MGRM () Delete
Name: HIBBINS, KAREN
Address: 7069 KEY HAVEN RD UNIT 203
City-St-Zip: SEMINOLE, FL 33777 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIBBINS, STEWART W
Address: 7069 KEY HAVEN RD UNIT 203
City-St-Zip: SEMINOLE, FL 33777 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN HIBBINS

MGRM

04/28/2008

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