

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078276

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL SAILING SCHOOL, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HIBBINS, STEWART W  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEWART W HIBBINS

MGRM

07/13/2009

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