

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079139

Entity Name: YACHT SAFE HAVEN, LLC

FILED
Mar 01, 2008
Secretary of State

Current Principal Place of Business:

221 15TH STREET NW
RUSKIN, FL 33570 US

New Principal Place of Business:

7613 CLAIR WOOD CT
APOLLO BEACH, FL 33572 US

Current Mailing Address:

221 15TH STREET NW
RUSKIN, FL 33570 US

New Mailing Address:

7613 CLAIR WOOD CT
APOLLO BEACH, FL 33572 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, SCOTT W
1601 RICKENBACKER DRIVE
SUITE 8
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

POEHNER, MARC K
7613 CLAIR WOOD CT
APOLLO BEACH, FL 33572 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: MARC K POEHNER

03/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POEHNER, MARC K
Address: 221 15TH STREET NW
City-St-Zip: RUSKIN, FL 33570 US

Title: MGRM () Delete
Name: LINZALONE, JOSEPH V
Address: 201 11TH AVENUE NW
City-St-Zip: RUSKIN, FL 33570 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POEHNER, MARC K
Address: 7613 CLAIR WOOD CT
City-St-Zip: APOLLO BEACH, FL 33572 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: MARC K POEHNER

MGRM

03/01/2008

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