

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90034 001 ***693.75

DOCUMENT # L07000108858

1. Entity Name
YACHT 6107 HOLDINGS LLC



Principal Place of Business
**19601 E. COUNTRY CLUB DRIVE #7-208
AVENTURA, FL 33180**

Mailing Address
**19601 E. COUNTRY CLUB DRIVE #7-208
AVENTURA, FL 33180**

30005600



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 703

04302008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Miami, FL

4. FEI Number
26-1677608

Applied For
Not Applicable

Zip

Country

Zip
33133

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE SUITE 703
MIAMI, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
ALTAMIRANO, DIEGO
19601 E. COUNTRY CLUB DRIVE #7-208
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALTAMIRANO, VALERIA DE
19601 E. COUNTRY CLUB DRIVE #7-208
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 119, Florida Statutes.

Timothy P. Richards

4/30/08

(305) 858-9900

SIGNATURE:

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

Date

Daytime Phone #