

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077625

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** ROXY YACHTS FLORIDA, L.L.C.

**Current Principal Place of Business:**

730 SOUTH STERLING AVENUE, SUITE 304  
TAMPA, FL 33609

**New Principal Place of Business:**

920 HARBOUR BAY DRIVE  
TAMPA, FL 33602

**Current Mailing Address:**

730 SOUTH STERLING AVENUE, SUITE 304  
TAMPA, FL 33609

**New Mailing Address:**

920 HARBOUR BAY DRIVE  
TAMPA, FL 33602

**FEI Number:** 26-3839203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, J. BENTON II  
730 SOUTH STERLING AVENUE, SUITE 304  
TAMPA, FL 33609 US

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

OFFSHORE PLEASURES, LLC  
920 HARBOUR BAY DRIVE  
TAMPA, FL 33602 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: ROBERT D. EVANS

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OFFSHORE PLEASURES, L.L.C.  
Address: 730 SOUTH STERLING AVENUE, SUITE 304  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OFFSHORE PLEASURES, L.L.C.  
Address: 920 HARBOUR BAY DRIVE  
City-St-Zip: TAMPA, FL 33602

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: ROBERT D. EVANS

MGMR

04/07/2009

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