2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L08000084712

Entity Name: ENCOMPASS YACHT MANAGEMENT, LLC

Current Principal Place of Business:

515 SW 18TH AVENUE
#18
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

515 SW 18TH AVENUE
#18
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

P.O. BOX 4056
FORT LAUDERDALE, FL 33338 US

FEI Number: 26-3376158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAINES, HOWARD
515 SW 18TH AVENUE
#18
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: HAINES, HOWARD
Address: 515 SW 18TH AVENUE #18
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: EINARSSON, HANNA
Address: 515 SW 18TH AVENUE #
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM ( ) Change (X) Addition
Name: ABBAGNARO, MICHAEL
Address: 6019 THUNDERWOOD TRAIL
City-St-Zip: SUGAR HILL, GA 30518 US

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: HOWARD HAINES MGRM 03/11/2009

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