

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098427

FILED
Jan 07, 2009
Secretary of State

Entity Name: HELI-YACHT INTERNATIONAL LLC

Current Principal Place of Business:

1350 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1770 N.E. 28TH AVENUE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 26-3530394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDLAPP, JACOB G IV
1770 N.E. 28TH AVENUE
POMPANO BEACH, FL 33062 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: MGR () Delete
Name: SCHMIDLAPP, ANGELA B
Address: 1770 N.E. 28TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: SCHMIDLAPP, JACOB G IV
Address: 1770 N.E. 28TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Delete
Name: SWAKON, RRYAN W
Address: 13972 S.W. 139TH COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SWAKON, RYAN W
Address: 13972 S.W. 139TH COURT
City-St-Zip: MIAMI, FL 33186

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: RYAN W. SWAKON

VP

01/07/2009

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