

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 APR 24 AM 10:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000816**

**YACHTING OVERSEAS U.S.A., L.C.**  
~~1619 S.E. 13TH STREET~~  
~~FORT LAUDERDALE FL 33316~~

1a. Principal Place of Business Address

**1619 S.E. 13TH STREET  
FORT LAUDERDALE FL 33316**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

**1700 E. LAS OLAS BLVD**

Suite, Apt. #, etc.

**201-A**

City & State

**FT. LAUDERDALE, FL**

Zip  
**33301**

Country  
**USA**

2a. Mailing Address

**1700 E. LAS OLAS BLVD.**

Suite, Apt. #, etc.

**201-A**

City & State

**FLORIDA, FT. LAUDERDALE**

Zip  
**33301**

Country  
**USA**

3. Date Organized or Qualified

**08/01/1996**

3a. State of Formation

**FL**

4. FEI Number

**65-0685712**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required ☐

7. Name and Address of Current Registered Agent

**NEWTON, JOHN ROBERT III  
1619 S.E. 13TH STREET  
FORT LAUDERDALE FL 33316**

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

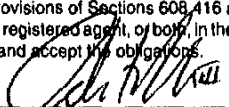
City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE



DATE

**4-21-97**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	NEWTON, JOHN ROBERT I	1619 S.E. 13TH STREET	FORT LAUDERDALE FL
MEM	EURASIAN YACHT MANAGEM	POST OFFICE BOX 659	ROAD TOWN, TORTOLA B.

**300002158739--0**  
**-04/29/97--01087--040**  
**\*\*\*\*203.75 \*\*\*\*203.75**

**750 4/28/97**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**



**JOHN ROBERT NEWTON III 4/21/97 (954) 525-7080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #