## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L9900004734

1. Entity Name

SIGNATURE:

LEIGHT YACHTS INTERNATIONAL, L.L.C.



## **FILED** Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90230 044 \*\*\*\*50.00

Daytime Phone #

Date

Principal Place	e of Business	Mailing Address	Mailing Address							
2019 SW 20TH ST SUITE 243 FORT LAUDERDALE FL 33315		SUITE 134	13101 WASTHINTON BLVD SUITE 134 LOS ANGELES CA 90066			<b>35</b> /1911 <b>8</b> 10 18170 19111 88111 8811	i <b>ff</b> iit <b>ii</b> iil <b>ii</b> ill <b>i</b>	<b>a</b> n 1 <b>6820</b> Han <b>a</b> it	151 W (111	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E083 (11/03)					
City & State		City & State	City & State		4. FEI Num	65-093762	0		plied For t Applicable	
Zip	Country	Zip	Country		5. Certifica	5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
منظوي الميونية الأساسان والمراكب والمنطقة المستجدة ويتناس الطالبة المطبوع المراكب الأراك المراكبة المراكبة الم				Name						
	HAEL LEIGHT		Street Address			(P.O. Box Number is Not Acceptable)				
	9 SW 20TH ST #243 T LAUDERDALE FL :	33315				, to be that the ties of the t				
101	II LAUDLIIDALL I L.	33313								
		•	City				FL	Zip Code	e	
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 requi	stared energy and title if annincable (MC	DTE: Registered Ager	t successive require	nd when reinstation)		DATE			
	Signature, types of printed harte or region	(887.20 St. 10 S	THE REPORT OF THE	Professional Tra	<b>创马来联盟</b> 、2015年9		DAIL			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2004										
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9.	MGR		10.	<u> </u>		ADDITIONS	/CHANGES	Change	∏ Addition	
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11. I 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 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 eceiver or trustee empowered to expect this report as required by Chapter 608, Florida Statutes.										

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE