## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900007499

1. Entity Name

WESTSHIP WORLD YACHTS, LLC



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90056 019 \*\*\*\*50.00

23. M. TYSON AVE. TAMPA R. 38811  2. Principal Place of Business  3. Molling Address  Suite, Apt. #, etc.  City & State  City &					GOD WE THE						
Suito, Apil. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & City & State   City &	Principal Place of Business 5251 W. TYSON AVE. TAMPA FL 33611		5251 W. TYSON AVE.	5251 W. TYSON AVE.		,					
City & State    Country   Zop   Country   Zop   Country   S. Certificate of Status Desired   S. O. Additional   Fee Required	2. Principal F	Place of Business	3. Mailing Address								
City & State  City & State  City & State  Country  Countr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IS MAKING CHANGES				
Zip Country Zip Country S. Certificate of Status Desired   S5.00 Additional Foot Registered Agent   S5.00 Additional Fo							CHECK HERE II MAKING CHANGES				
Zip Country Zip Country S, Certificate of Status Desired S, \$5.00 Additional February See Required  S, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name and N	City & Stat	te	City & State	City & State		4. FEI Number 65-1013540				·	7
AGUAR, JEFFREY \$251 W. TYSON AVE. TAMPA FL 33611  City FL Zip Code  City FL City Code  City FL Zip Cod	Zip Country .		Zìp	Zip Country		5. Certificate	of Status Desired		\$5.00 Ad	ditional	1
AGULAR, JEFFREY 5251 W. TYSON AVE. TAMPA FL 33611    City   FL   Zip Code	. 4.2	6 Name and Address of Curi	rent Registered Agent	<u> </u>							1
Size I Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	401			=	=Name			<del>-</del>			1
Enter Address  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, holed or printed name of registered agent and this is applicable.  NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the properties of the state of Florida Plants  FILE NOW!! FEE IS \$50.00  MARCHARD PLANTS PLA	525	1 W. TYSON AVE.			Street Address (P.O. Box Number is Not Acceptable)						-
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, typed or provided named of registered agent and title it applicable.   (NOTE Registered Agent argument, acadigo ***eni recreasing)   Date	TAN	IPA FL 33611				<u> </u>		<u> </u>	•		-
SIGNATURE Signature, typed or protect rarred of registered agent and total application. (NOTE Registered Agent signature activities of protect rarred of registered agent and total application. (NOTE Registered Agent signature activities of particular activities of particular activities of particular activities of particular activities.)  Signature, typed or protect rarred of registered agent and total application. (NOTE Registered Agent signature activities of particular activities of particular activities of particular activities of particular activities.)  Signature, typed or protect rarred frequency activities.  Signature, typed or protect rarred frequency activities.  Signature, typed or protect rarred frequency activities. (NOTE Registered Agent signature activities.)  Signature, typed or protect rarred frequency activities.  Signature, typed or posted rarred of registered agent.  Signature to pass activities.  Signature to pass					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	le	1
Synahure, typed or printed name of negletered agent and time if appricable. (INOTE: Registered Agent engressions) (INOTE: Registered Agent engress	8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of changing its	s registere	d office or registe	ered agent, or bot	h, in the State of Flori	da. I am fa	amiliar with,	and accept	1
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  MANAGING MEMBERS / MANAGERS  TILE  MARPH MANAGE STREET ADDRESS STREET ADDRESS STOTY-ST-2P TAMPA FL 33611  TILE  MARE MANAGE STREET ADDRESS STOTY-ST-2P  THE MANAGE STREET ADDRESS STREET ADDRE	SIGNATURE .	Signature, typed or printed name of registered a	ngent and title if applicable (NO)	TF: Registered	Agent signature require	ad when reinstating)	••••	DATE			
MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRIM SHEA, PATRICK SASSITION TO Belefe STREET ADDRESS SCITY-ST-ZIP  TITLE AGUIAR, JEFFREY SASSITION STREET ADDRESS SCITY-ST-ZIP  TITLE MAME SAMPA FL 33611  TITLE NAME STREET ADDRESS SCITY-ST-ZIP  TITLE MAME STREET ADDRESS SCITY-ST						ye men remaining)	<del></del>	DAIL			ſ
Due By May 1, 2003  MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  MANE SHEA, PATRICK STREET ADDRESS TITY-ST-2P TAMPA FL 33611  TITLE AGUIAR, JEFFREY STREET ADDRESS TITY-ST-2P TAMPA FL 33611  TITLE MANE STREET ADDRESS TITY-ST-2P TAMPA FL 33611  TITLE MANE STREET ADDRESS TITY-ST-2P TAMPA FL 33611  TITLE MANE STREET ADDRESS TITY-ST-2P TITLE M										•	l
MGRM   Delete   TITLE					•	ent of State					
MGRM SHEA, PATRICK STREET ADDRESS ST					y 1, 2003						
SHEA, PATRICK \$251 W. TYSON AVE. TAMPA FL 33611  TITLE MAME \$1TRET ADDRESS CITY-ST-ZIP	9.						ADDITIONS/C	HANGES			١,
STREET ADDRESS JOY-57-2P TAMPA FL 33611  CTY-57-2P TILE AME STREET ADDRESS CTY-57-2P TILE AME STREET ADDRESS CTY-57-2P TAMPA FL 33611  CTY-57-2P  TAMPA FL 33611  CTY-57-2P  TILE AME STREET ADDRESS CTY-57-2P		•	☐ Delete						Change	☐ Addition	١
TAMPA FL 33611  CITY-ST-ZIP  TAMPA FL 33611  CITY-ST-ZIP  TAMPA FL 33611  CITY-ST-ZIP  TITLE  AGUIAR, JEFFREY  STREET ADDRESS CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP											3
TITLE CFO   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   Change   Addition   Addition											6
AGUIAR, JEFFREY 5251 W. TYSON AVE. TAMPA FL 33611  THE MAME STREET ADDRESS CITY-ST-ZIP  THLE MAME STREET ADDRESS CITY-ST-ZIP				_							Įį
STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete						☐ Change	Addition	1
TITLE   Delete   TITLE   Addition   Addition			•		1						
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   TITLE   Delete						•					ļ
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		TAMPA FL 33611		CITY-	51-217			_			
STREET ADDRESS CITY-ST-ZIP	TITLE		Delete				• • • • • •		☐ Change ·	Addition	
CITY-ST-ZIP  CITYE  CITY-ST-ZIP  TITLE  IAME  IAME  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  IAME  IAME  IAME  ITTE  ITTE  IAME  ITTE  IAME  IAME  ITTE  ITTE  IAME  ITTE  ITTE  IAME  IAME  IAME  ITTE  ITTE  IAME  IAME  ITTE  ITTE  IAME  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  ITTE  IAME  IA											
TITLE IAME IAME ISTREET ADDRESS CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	i										
NAME STREET ADDRESS CITY-ST-ZIP  TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	CHY-SI-ZIP			CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	:	☐ Delete	TITLE					☐ Change	Addition	Į
CITY-ST-ZIP	NAME			NAME			,				l
TITLE IAME IAME ISTREET ADDRESS ICITY-ST-ZIP ITLE INAME ISTREET ADDRESS ICITY-ST-ZIP ITLE IAME IAME IAME IAME IAME IAME IAME IAM											l
NAME STREET ADDRESS CITY-ST-ZIP  TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILE TITLE T	CITY-ST-ZIP			CITY-	ST-ZIP						1
STREET ADDRESS CITY-ST-ZIP  TILE  Delete TITLE AME STREET ADDRESS CITY-ST-ZIP  TILE CHANGE STREET ADDRESS CITY-ST-ZIP  TILE CHANGE CHANGE CITY-ST-ZIP  TILE CHANGE CHANGE CHANGE CITY-ST-ZIP CITY-ST-ZIP	TITLE		Delete	TITLE					☐ Change	☐ Addition	ĺ
CITY-ST-ZIP  CITY-ST-ZIP  CITYLE  ITILE  IMAME  AMME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME			NAME							
TITLE TITLE TITLE TITLE TITLE TITLE Addition NAME  INTREET ADDRESS STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREE	T ADDRESS		•				i
NAME TREET ADDRESS TREET ADDRESS TTY-ST-ZIP TTY-ST-ZIP TTY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP						
AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITY-ST-ZIP	TITLE	<del></del>	☐ Delete	TITLE					Change	Addition	ĺ
TY-ST-ZIP CITY-ST-ZIP .	NAME		N <sub>1</sub>	NAME					_ •		
	STREET ADDRESS		·	STREE	T ADDRESS						ĺ
1. Thereby 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	CITY-ST-ZIP			CITY-	ST-ZIP						ĺ
	11. I hereby c	ertify that the information supplied	with this filing does not qualify fo	r the exem	nption stated in Se	ection 119,07(3)(i	), Florida Statutes. I fu	urther certi	fy that the ir	nformation	

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED