

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90063 032 ****50.00

DOCUMENT # L99000008884

1. Entity Name
HAPPY YACHT CLUB, L.C.



Principal Place of Business
**2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180**

Mailing Address
**2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180**

2. Principal Place of Business
c/o Karen Leopold

3. Mailing Address
c/o Karen Leopold

Suite, Apt. #, etc.
20801 Biscayne Blvd., #501

Suite, Apt. #, etc.
20801 Biscayne Blvd., #501

City & State
Aventura, FL

City & State
Aventura, FL

Zip Country
33180 US

Zip Country
33180 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0968595**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFFMAN, ADAM R
2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180**

Name
Karen S. Leopold

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

20801 Biscayne Blvd., Suite 501

City **Aventura**

FL Zip Code
33180

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]*
Signature, typed or printed name of registered agent and title if applicable.

KAREN S. LEOPOLD

(NOTE: Registered Agent signature required when reinstating)

February 10, 2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEANTARD, JEAN CLAUDE 2999 N.E. 191ST STREET, SUITE 900 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEANTARD, THERESE 2999 N.E. 191ST STREET, SUITE 900 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEANTARD, CHRISTOPHE 2999 N.E. 191ST STREET, SUITE 900 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02/13/03

CR2E083 (10/02)