

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90067 021 ****50.00

DOCUMENT # M03000002997



1. Entity Name
THE PHOENIX YACHT COMPANY LLC

Principal Place of Business
**C/O MAXIMO MARINE SERVICE, INC.
370 1/2 50TH AVENUE SOUTH
ST PETERSBURG, FL 33711**

Mailing Address
**C/O MAXIMO MARINE SERVICE, INC.
370 1/2 50TH AVENUE SOUTH
ST PETERSBURG, FL 33711**



2. Principal Place of Business
5901 Sun Boulevard

3. Mailing Address
5901 Sun Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106B

Suite 106B

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33715

Country
USA

Zip
33715

Country
USA

07162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0187145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNS, TOM
4989 62ND STREET SOUTH
ST PETERSBURG, FL 33715**

7. Name and Address of New Registered Agent

Name
G. Patrick Janas
Street Address (P.O. Box Number is Not Acceptable)
5901 Sun Boulevard
Suite 106B
City **St. Petersburg** **FL** Zip Code **33715**

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.

G. Patrick Janas
Registered Agent

07-19-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JANAS, G. PATRICK
P.O. BOX 245 (8 NORTH JAY STREET)
MIDDLEBURG, VA 201180245** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

G. Patrick Janas
Registered Agent

(727) 864-9443

SIGNATURE:

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

Date

Daytime Phone #