


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # M04000000961 1. Entity Name HALV YACHTS, L.L.C. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236 | Mailing Address 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236 |
|---|---|

DO NOT WRITE IN THIS SPACE



03282005No Chg-LLC

CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 03-0536292 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent HALVORSEN, ROBERT B 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HALVORSEN, ROBERT B 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000281119
03/30/05-80047-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Robert B Halvorsen 03/19/05 (941) 951-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #