

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006929

1. Entity Name
DOWN EAST YACHTS LLC



Principal Place of Business
2015 S.W. 20TH STREET
FT. LAUDERDALE, FL 33316

Mailing Address
2015 S.W. 20TH STREET
FT. LAUDERDALE, FL 33316



03222006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0110401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDSBERG, MICHAEL
2015 S.W. 20TH STREET
FT. LAUDERDALE, FL 33316

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

Michael Landsberg President
(NOTE: Registered Agent signature required when registering)

4/6/06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000502832
04/25/06-90110-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LANDSBERG, MICHAEL
133 NEW YORK AVE.
HUNTINGTON, NY 11743

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 808, Florida Statutes.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Michael Landsberg

4/6/06

631-418-2700

Date

Daytime Phone #