



**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000000627</b>			
<b>1. Entity Name</b> GILMAN YACHTS OF FORT LAUDERDALE, INC.			
<b>Principal Place of Business</b> 1510 SE 17TH STREET STE 300 FORT LAUDERDALE, FL 33316		<b>Mailing Address</b> 1212A US HWY 1 NORTH PALM BEACH, FL 33408	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04092008    No Chg-P    CR2E034 (11/05)	
		<table border="1"><tr><td><b>4. FEI Number</b> 65-0973594</td><td><b>Applied For</b> Not Applicable</td></tr></table>	
<b>4. FEI Number</b> 65-0973594	<b>Applied For</b> Not Applicable		
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GILMAN, DON 1212A US HWY 1 NORTH PALM BEACH, FL 33408		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		11000000992333 04/23/08-80061-023 150.00	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP</b> GILMAN, DON 1212-A US HWY 1 NORTH PALM BEACH, FL 33408	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> STANLEY, JEFF 5210 NE 32ND AVE FORT LAUDERDALE, FL 33308		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/9/08 Date    Daytime Phone #	