

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000028605

FILED
Oct 29, 2009
Secretary of State**Entity Name:** PROFESSIONAL RESORT OPERATORS LLC**Current Principal Place of Business:**1000 SHOREWOOD DRIVE, SUITE 200
CAPE CANAVERAL, FL 32920**New Principal Place of Business:****Current Mailing Address:**C/O YOUNG & MADIGAN, S.C.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203**New Mailing Address:****FEI Number:** 48-1285259**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** P () Delete
Name: BORRIS, JAMES D
Address: 710 N. PLANKINTON AVE., SUITE 1100
City-St-Zip: MILWAUKEE, WI 53203**Title:** SV () Delete
Name: JANZ, JAMES F
Address: 710 N. PLANKINTON AVE., SUITE 1200
City-St-Zip: MILWAUKEE, WI 53203**Title:** VS () Delete
Name: YOUNG, JAMES B
Address: 710 N. PLANKINTON AVE., SUITE 1200
City-St-Zip: MILWAUKEE, WI 53203**Title:** V () Delete
Name: GRANDLICH, JOHN R
Address: 710 N. PLANKINTON AVE., SUITE 1100
City-St-Zip: MILWAUKEE, WI 53203**Title:** V () Delete
Name: BRICKER, DONALD
Address: 1000 SHOREWOOD DRIVE, SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920**Title:** FV () Delete
Name: BRAUN, ROBERT E
Address: 710 N. PLANKINTON AVENUE, #1200
City-St-Zip: MILWAUKEE, WI 53203**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: HEALY, PAUL G
Address: 1000 SHOREWOOD DR., SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920**Title:** () Change () Addition
Name:
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN R. GRANDLICH

V

10/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date