

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028605

FILED
Feb 06, 2012
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
Name: BORRIS, JAMES D
Address: 710 N. PLANKINTON AVE., SUITE 1200
City-St-Zip: MILWAUKEE, WI 53203

Title: V
Name: HEALY, PAUL G
Address: 1000 SHOREWOOD DR., SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SV/S
Name: YOUNG, JAMES B
Address: 710 N. PLANKINTON AVE., SUITE 1200
City-St-Zip: MILWAUKEE, WI 53203

Title: V
Name: GRANDLICH, JOHN R
Address: 710 N. PLANKINTON AVE., SUITE 1000
City-St-Zip: MILWAUKEE, WI 53203

Title: VAS
Name: JARMUSZ, ANDREW P
Address: 1000 SHOREWOOD DR., SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V
Name: BENNETT, KOHN
Address: 1000 SHOREWOOD DR., SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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: JAMES B. YOUNG

SV

02/06/2012

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