## 2005 LIMITED LIABILITY COMPANY

## ANNUAL REPORT Feb 03, 2005 08:00 AM **Secretary of State DOCUMENT # L00000002254** 1. Entity Name TEN THOUSAND ISLANDS CLUB, LLC Principal Place of Business Mailing Address 1350 N. OCEAN BLVD. 1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 01212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1119488 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISMAN, DAVID DO NOT WRITE 2021 TYLER ST HOLLYWOOD, FL 33020 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, typad or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U000000213013 02/03/05-80052-015 55.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MINKIN, JOSHUA NAME 4405 WOODFIELD BLVD. STREET AUDRESS CITY-ST-ZIP BOCA RATON, FL 33434 MGR TITLE MINKIN, CAROL PMAN 4405 WOODFIELD BLVD. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP