

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90583 042 \*\*\*\*50.00

**DOCUMENT # L01000001116**

Entity Name  
**YACHT CLUB ISLAND LLC**

Principal Place of Business      Mailing Address  
**2975 OVERSEAS HIGHWAY**      **2975 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**              **MARATHON FL 33050**

84200



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03-0419987		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>WOLFE, JOHN J</b> <b>2975 OVERSEAS HIGHWAY</b> <b>MARATHON FL 33050</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES - \$50.00**  
 Make Check Payable to Department of State  
 Due By: May 1, 2002

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juranitch, James C.		NAME		
STREET ADDRESS	W360 N8251 Brown Street		STREET ADDRESS		
CITY-ST-ZIP	Oconomowoc, WI 53066		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juranitch, Janet M.		NAME		
STREET ADDRESS	W360 N8251 Brwon Street		STREET ADDRESS		
CITY-ST-ZIP	Oconomowoc, WI 53066		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

**SIGNATURE:** *[Signature]* **JOHN J. WOLFE** 4/29/02 (305)743-9427  
Date Daytime Phone #

CR2E083 (9/01)