
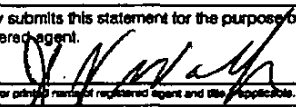



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 015 ****50.00

DOCUMENT # L01000001116			
1. Entity Name YACHT CLUB ISLAND LLC			
Principal Place of Business 2975 OVERSEAS HIGHWAY MARATHON, FL 33050		Mailing Address 2975 OVERSEAS HIGHWAY MARATHON, FL 33050	
2. Principal Place of Business 2955 Overseas Highway Suite, Apt. #, etc.		3. Mailing Address 2955 Overseas Highway Suite, Apt. #, etc.	
City & State Marathon, FL		City & State Marathon, FL	
Zip 33050		Country USA	
4. FEI Number 03-0419987		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent WOLFE, JOHN J 2975 OVERSEAS HIGHWAY MARATHON, FL 33050		7. Name and Address of New Registered Agent Name John J. Wolfe Street Address (P.O. Box Number is Not Acceptable) 2955 Overseas Highway City Marathon FL Zip Code 33050	
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: 		John J. Wolfe 2/8/05 DATE	
Filing Fee is \$50.00 Due by May 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JURANITCH, JAMES C <input type="checkbox"/> Delete W360 N8251 BROWN ST OCONOMOWOC, WI 53066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JURANITCH, JANET M <input type="checkbox"/> Delete W360 N8251 BROWN ST OCONOMOWOC, WI 53066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3-6-05 248-921-8190 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

