

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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