

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L020Q0011282

1. Entity Name
TRUE NORTH YACHT CHARTER, LLC



Principal Place of Business
**399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432**

Mailing Address
**399 NW BOCA RATON BLVD
BOCA RATON, FL 33432**



03252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1004179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HART, STUART J ESQ.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000103919
04/05/04-80076-806 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHMIDT COMPANIES, INC
STREET ADDRESS	399 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	MGRM
NAME	SCHMIDT, RICHARD L
STREET ADDRESS	399 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	MGR
NAME	OFFRINGA, DURK
STREET ADDRESS	399 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *John H. Schmidt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-31-04 (561) 392-4717

Date

Daytime Phone #