

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011282**

**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**

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**33-1004179**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAFT, 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 reappointing)

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

1100000348895  
05/02/05-80085-001 50.00

**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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**RICHARD L. SCHMIDT**

**4-26-05 561-392-4717**

Date

Daytime Phone #