

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90337 015 ****50.00

DOCUMENT # L02000Q11282

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



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

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
Vice President
Judith A. Loglisci
399 NW Boca Raton Blvd
Boca Raton, FL 33432

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 exemptions contained in Chapter 119, 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:

William D. Smith

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

Date

Daytime Phone #

4-19-07 (561) 392-4717