2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# L02000028605

Entity Name: PROFESSIONAL RESORT OPERATORS LLC

Current Principal Place of Business:

710 N. PLANKINTON AVE., STE. 1200
MILWAUKEE, WI 53203

New Principal Place of Business:

1000 SHOREWOOD DRIVE
SUITE 200
CAPE CANAVERAL, FL 32920

Current Mailing Address:

710 N. PLANKINTON AVE., STE. 1200
MILWAUKEE, WI 53203

New Mailing Address:

C/O YOUNG & MADIGAN, S.C.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

FEI Number: 48-1285259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CAPE MANAGEMENT, INC, .
Address: 710 N. PLANKINTON AVENUE, #1200
City-St-Zip: MILWAUKEE, WI 53203

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES B. YOUNG OF CAPE MANAGEMENT, INC. V 02/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date