## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED May 25, 2005 8:00 am Secretary of State 04-25-2005 90101 020 \*\*\*\*50.00

DOCUMENT # L04000005  1. Entity Name	031		à	
BROWARD YACHT CLUB, LLC				
Principal Place of Business	Mailing Address	<del></del>	3	0007448
909 TENTH STREET SOUTH 909 TENTH STREET SOUT		OUTH		
SUITE 105 SUITE 105 NAPLES FL 34102 NAPLES FL 34102				
2. Principal Place of Business	pal Place of Business 3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/04)
City & State	City & State		4. FEI Number	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desire	sd D \$5.00 Additional Fee Required
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of Ne	w Registered Agent
JOHNSON, KENNETH R		<u> </u>		
4001 TAMIAMI TRAIL NORTH		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 300 NAPLES FL 34103				
1		City		FL Zip Code
8. The above name pentity subgrits 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 agisterne agent.			4.18.04	<i>₹</i>
SIGNATURE Signature, typed or printed name of registred a	gers and take it applicable (NO)	g. Registered Agent signature requ	_ *	DATE
	<del></del>	OW!!! FEE IS \$50.0	<del></del>	
Make Check Payable to Florida Department of State				
	Du	e By May 1, 2005		
9. MANAGING MEN	MBERS/MANAGERS	10.	OITIODA	NS/CHANGES
MGR	Oelete	TITLE NAME		Change Addition
NAME SWANSON, JOHN C STREET ADDRESS 909 TENTH STREET SOUTH, SUITE 105		STREET ADDRESS		
CITY-SI-TP NAPLES FL 34102		CITY-ST-ZEP		
MLE	Detete	HILE		☐ Change ☐ Addition
NAME - STREET ADDRESS		NAME STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		1
TITLE	Deiete	TOTE	<del></del>	☐ Change ☐ Addition
NAME .	= -	NAME		·
SIRICE ADDRESS CITY-SI-7IP		STREET ADORESS City-St-Zip	r I	!
THE	☐ Celeta	THILE	<del></del>	Change Addition
HAME	_ com	NAME	₹′	
SIREET ADDRESS CITY-SI-ZIP		STREET ADORESS  CITY-ST-ZIP		
HILE .	☐ Deleta	TITLE		Change Addition
NAME	_ Seisu	NAME		C Seeds C vanier
SIREET ADDRESS		STREET ADORESS		
CIY-SI-ZIP		CITY-SI-XIP		
11TLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	<del></del>	
11. I hereby certify that the information supplied with this filling 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 filating signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the				
indicated on this report is rue and accurate and final my signature shall have the same legal affect as it made under oath, that I am a managing member or manager of the limited liability company of the seceiver by frue				
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
SIGNATURE: \$ 100 5. (6.05 239-643.78)				
SIGNA PUTE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Que Desiries Prices P				