
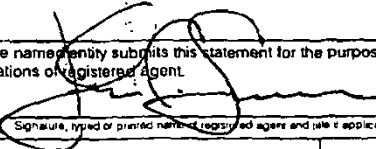
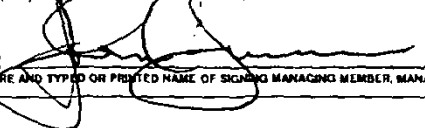


FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 020 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

| | | | | | |
|---|---|---------|--|--|---------|
| DOCUMENT # L04000005031 | | | |  | |
| 1. Entity Name BROWARD YACHT CLUB, LLC | | | | | |
| Principal Place of Business 909 TENTH STREET SOUTH SUITE 105 NAPLES FL 34102 | | | Mailing Address 909 TENTH STREET SOUTH SUITE 105 NAPLES FL 34102 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number | | | | <input checked="" type="checkbox"/> 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 | | | 7. Name and Address of New Registered Agent | | |
| JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | Zip Code FL | | |
| 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  DATE 4.18.05 | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE | NAME | | | | |
| NAME | STREET ADDRESS | | | | |
| STREET ADDRESS | CITY - ST - ZIP | | | | |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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:  DATE 5.16.05 734-643-7855 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |