

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90220 013 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # L04000084481                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                 |  |
| 1. Entity Name<br>OLD FLORIDA YACHT CLUB, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                  |  |
| Principal Place of Business<br>1900 EAST ADAMS DRIVE<br>MAITLAND, FL 32751                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address<br>1900 EAST ADAMS DRIVE<br>MAITLAND, FL 32751                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 3. Mailing Address                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Suite, Apt. #, etc.                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City & State                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Zip                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Country                                                                                                                          |  |
| 4. FEI Number<br>201966539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | \$5.00 Additional Fee Required                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br>HUTCHINS, ROBERT J.<br>1515 INTERNATIONAL PARKWAY STE. 2001<br>LAKE MARY, FL 32746                                                                                                                                                                                                                                                                                                                                                                         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Make check payable to<br>Florida Department of State                                                                             |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 10. ADDITIONS/CHANGES                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>MANAGING MEMBER <input type="checkbox"/> Delete<br>PATRICK KNIGHT<br>1900 E. ADAMS DRIVE<br>MAITLAND FL <input type="checkbox"/> Delete<br>32751                                                                                                                                                                                                                                                                                                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><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 508, Florida Statutes. |  |                                                                                                                                  |  |
| SIGNATURE: <u>Patrick Knight</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 3/16/05 407 509 6842                                                                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date                                                                                                                             |  |