2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000032679

1. Entity Name
ISLAND YACHT CLUB 7, LLC

60051046

Principal Place of Business	Mailing Address
701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408	701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box #
2979 PGA BLVD
Suite, Apt. #, etc.

3. Mailing Address
2979 PGA BLVD
Suite, Apt. #, etc.

03272007   Chg-LLC   CR2E083 (12/06)

City & State: PALM BEACH GARDENS, FL
City & State: PALM BEACH GARDENS, FL

4. FEI Number 20-4618300   Applied For / Not Applicable

Zip: 33410   Country: US
Zip: 33410   Country: US

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, LAWRENCE W 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ___ 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 ___
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME EPJ VENTURES, LLC STREET ADDRESS 2979 PGA BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME AZZURA, LLC STREET ADDRESS 318 ARABIAN ROAD CITY-ST-ZIP PALM BEACH, FL 33480	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #