

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002714

1. Entry Name

DELRAY BEACH YACHT CLUB, LLC



Principal Place of Business

C/O WINSTON MANAGEMENT CORP.
311 W. SUPERIOR STREET, SUITE 525
CHICAGO, IL 60610

Mailing Address

C/O WINSTON MANAGEMENT CORP.
311 W. SUPERIOR STREET, SUITE 525
CHICAGO, IL 60610



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4293963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GELMAN, JEFFREY
47 ST. THOMAS RD.
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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

Jeffrey Gelman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GELMAN, JEFFREY B
STREET ADDRESS	1919 N SHEFFIELD AVENUE
CITY - ST - ZIP	CHICAGO, IL 60614
TITLE	MGRM
NAME	WEINSTEIN, BARRY L
STREET ADDRESS	311 W SUPERIOR STREET, SUITE 525
CITY - ST - ZIP	CHICAGO, IL 60610
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/28/04-80048-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Stuart Rubin Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/23/04

Date

312 640-5030

Daytime Phone #