


**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	
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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
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4293963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 DATE: 1/23/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GELMAN, JEFFREY B 1919 N SHEFFIELD AVENUE CHICAGO, IL 60614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEINSTEIN, BARRY L 311 W SUPERIOR STREET, SUITE 525 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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IN THIS SPACE**

1000000016249
01/28/04-80048-004 50.00

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 DATE: 1/23/04 DAYTIME PHONE #: 312 640-5030

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