

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002714 1. Entity 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
---	---



01052005No 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 <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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

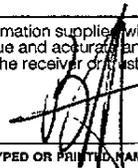
**Filing Fee is \$50.00
 Due by May 1, 2005**

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	

00000191245
 01/24/05-80165-013 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)(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:  **BARRY L. WEINSTEIN 1/6/05 312-787-5050**

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