

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**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**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



CHECK HERE IF MAKING CHANGES

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:  
**GILDAN, LAURIE ESQ  
 C/O GREENBERG TRAUIG, P.A.  
 777 S. FLAGLER DRIVE, #300E  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent:  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GELMAN, JEFFREY B 1919 N SHEFFIELD AVENUE CHICAGO IL 60614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEINSTEIN, BARRY L 311 W SUPERIOR STREET, SUITE 525 CHICAGO IL 60610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **SIGNATURE REQUIRED** **Barry L. Weinstein, Member January 8, 2003**  
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**(312) 787-5050**

CR2E083 (10/02)