

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006337

1. Entity Name
CHURCHILL YACHT PARTNERS, LLC



Principal Place of Business
**801 SEABREEZE BLVD.
FT. LAUDERDALE, FL 33316**

Mailing Address
**801 SEABREEZE BLVD.
FT. LAUDERDALE, FL 33316**



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1065841

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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, 2006**

**U00000515133
04/29/06-80198-013 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FAUTH, JOHN
333 S. 7TH STREET, SUITE 3100
MINNEAPOLIS, MN 55402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DOOLEY, KEVIN
333 S. 7TH STREET, SUITE 3100
MINNEAPOLIS, MN 55402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LARSON, STEVEN
333 S. 7TH STREET, SUITE 3100
MINNEAPOLIS, MN 55402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Oaytime Phone #

3.20.06 612 673 6708