

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 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**



01032008No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000788170

01/18/08-80029-0167143.75

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

1/14/08

Date

612-6736700

Daytime Phone #