2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 23 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006780

1. Entity Name
RESORT SERVICES REALTY, LLC

Principal Place of Business	Mailing Address
35008 EMERALD COAST PARWAY SUITE 400 DESTIN FL 32541	35008 EMERALD COAST PARWAY SUITE 400 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10065 US Hwy 98 West		10065 US Hwy 98 West	
Suite, Apt. #, etc. Suite 4-C		Suite, Apt. #, etc. Suite 4-C	
City & State Destin		City & State Destin	
Zip FL	Country Walton	Zip FL	Country Walton

4. FEI Number 59-3620857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORBES, MR. JAMIE V 35008 EMERALD COAST PARWAY SUITE 400 DESTIN FL 32541	Name ~~Forbes, Mr. Jamie V. III~~ Street Address (P.O. Box Number is Not Acceptable) 10065 US Hwy 98 West Suite C-4 City Destin FL Zip Code 32541

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.

SIGNATURE [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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ~~[illegible]~~ MGR NAME Forbes, Jamie III STREET ADDRESS 10065 US Hwy 98 West Suite C-4 CITY-ST-ZIP Destin FL 32541	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SEC TREAS NAME Rutland, W. Donald STREET ADDRESS 10065 US Hwy 98 West Suite C-4 CITY-ST-ZIP Destin FL 32541	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 000003287690--6 CITY-ST-ZIP -06/13/00--01090--008	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	*****50.00 *****50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 [signature] 4/26/00 850 837-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #