

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|                                                            |  |                                                                                   |
|------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # 536402                                          |  |  |
| 1. Entity Name<br>RESORTQUEST REAL ESTATE OF FLORIDA, INC. |  |                                                                                   |

**FILED**  
2<sup>nd</sup> Amended Annual Report  
06 APR -7 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                              |                                                                                                          |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>35000 EMERAL COAST PARKWAY<br>P.O. BOX 30<br>DESTIN, FL 32541 | Mailing Address<br>C/O RESORT QUEST INTERNATIONAL<br>8955 HIGHWAY 98 W. SUITE 203<br>DESTIN, FL 32550 US |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|



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

04032006 Chg-P CR2E034 (11/05)

|                                                                                                                                  |  |                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br>59-1775514                                                                                                      |  | Applied For<br>Not Applicable                                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                         |  |                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                       |                                                                                                              |
|-----------------------|--------------------------------------------------------------------------------------------------------------|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEVP<br>FIORAVANTI, MARK<br>ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>REED, COLIN V<br>ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>KLOEPEL, DAVID C<br>ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/S<br>TODD, CARTER R<br>ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>WEIEN, PETER J<br>ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WOODWARD, GEOFFREY<br>ONE GAYLORD DRIVE<br>NASHVILLE, TN 37214 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carter R. Todd April 3, 2006 (615) 316-6186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Document # 536402  
Additional Officer Attachment

RESORTQUEST REAL ESTATE OF FLORIDA, INC.

Additional Officer

|                |                               |
|----------------|-------------------------------|
| Title          | VP                            |
| Name           | Dave Eaton                    |
| Street Address | 13831 Vector Drive, Suite 105 |
| City-St-Zip    | Ft. Myers, FL 33907           |



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 963937 7239973

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : April 4, 2006

ORDER TIME : 10:28 AM

ORDER NO. : 963937-005

CUSTOMER NO: 7239973

AMENDED ANNUAL REPORT

NAME: RESORTQUEST REAL ESTATE OF  
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: \_\_\_\_\_