


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # 536402		
1. Entity Name RESORTQUEST REAL ESTATE OF FLORIDA, INC.		

FILED
2nd Amended Annual Report
06 APR -7 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 35000 EMERAL COAST PARKWAY P.O. BOX 30 DESTIN, FL 32541	Mailing Address C/O RESORT QUEST INTERNATIONAL 8955 HIGHWAY 98 W. SUTIE 203 DESTIN, FL 32550 US
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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 59-1775514		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP FIORAVANTI, MARK ONE GAYLORD DRIVE NASHVILLE, TN 37214 <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	CEOD REED, COLIN V ONE GAYLORD DRIVE NASHVILLE, TN 37214 <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	EVP KLOEPEL, DAVID C ONE GAYLORD DRIVE NASHVILLE, TN 37214 <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	VP/S TODD, CARTER R ONE GAYLORD DRIVE NASHVILLE, TN 37214 <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	SVP WEIEN, PETER J ONE GAYLORD DRIVE NASHVILLE, TN 37214 <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	VP WOODWARD, GEOFFREY ONE GAYLORD DRIVE NASHVILLE, TN 37214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: _____