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FILED 2005 LIMITED PARTNERSHIP ANNUAL REPORT May 05, 2005 08:00 AM Secretary of State **Due By May 1, 2005** DOCUMENT # A98000001890 TEMPUS RESORTS MANAGEMENT, LTD. Mailing Address Principal Place of Business 7380 SAND LAKE ROAD, STE. 600 7380 SAND LAKE ROAD, STE. 600 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable 59-3535537 \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Signature, typed or printed name of registered agont and the if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,157,171.00 - 0 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. L99000009242 DOCUMENT # STREET ADDRESS TPI HOLDINGS, LLC NAME STREET ADDRESS 7380 SAND LAKE ROAD, STE. 600 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 400000362020 DOCUMENT # 05/05/05-80132-008 150.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS RAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C[TY-ST-ZIP #BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

Andrew Morce

& MK to

marmanbar

4/18/05

407-226-1000

Daytime Phone #