2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000007195

1. Entity Name T.I. RESORT LLC



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

24500 CHARGIN BLVD SUITE 200 BEACHWOOD, OH 44122

Mailing Address

24500 CHARGIN BLVD SUITE 200 BEACHWOOD, OH 44122



DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 03-0386839 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

	The above named entity submits this statement for the purpose of chan the obligations of registered agent.	ging its registered office or registered agent, or bol	n, in the State of Florida. I am familiar with, and accept
SIC	NATURE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISMAN, ROBERT G 24500 CHAGRIN BLVD., #200 BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

000000724528 05/02/07-80114-020 50.00

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 of the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert G. Risman, Manager

4/17/07 (216) 464-5130