

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90027 015 ****50.00

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DOCUMENT # L00000007195

1. Entity Name
T.I. RESORT LLC



Principal Place of Business
**10650 GULF BLVD.
TREASURE ISLAND FL 33706**

Mailing Address
**24500 CHAGRIN BLVD., SUITE 200
BEACHWOOD OH 44122**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**RISMAN, ROBERT G
501 116TH AVENUE NORTH
ST. PETERSBURG FL 33716**

4. FEI Number **34-6769094**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
T RISMAN, ROBERT G 24500 CHAGRIN BLVD., #200 BEACHWOOD OH 44122	<input type="checkbox"/> Delete <i>Change</i>
MGR RISMAN, ROBERT G 24500 CHAGRIN BLVD., #200 BEACHWOOD OH 44122	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
Member Risman, Robert G. Trustee 24500 Chagrin Blvd. #200 Beachwood, Ohio 44122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Robert G. Risman, Manager** 4/2/03 (216) 464-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)