


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004866 1. Entity Name MIRAMAR RESORTS L.L.C.	
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Principal Place of Business 205 S. HOOVER #400 TAMPA, FL 33609	Mailing Address 205 S. HOOVER #400 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2305885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, J. STYLES ESQ.
205 S. HOOVER #400
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUGHEY, MIKE 205 SO. HOOVER BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FARMER, JAMES 205 SO. HOOVER BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THATCHER, CAROLYN 205 SO. HOOVER BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARTER, SHIRLEY 205 SO. HOOVER BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000130330
04/26/04-80114-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mike Hughey **4-22-04** **8132862323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #