2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# L01000004866

Entity Name: MIRAMAR RESORTS L.L.C.

Current Principal Place of Business:

205 S. HOOVER #400
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

205 S. HOOVER #400
TAMPA, FL 33609

New Mailing Address:

FEI Number: 52-2305885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	PD	(X) Delete
Name:	HUGHEY, MIKE	
Address:	205 SO. HOOVER BLVD.	
City-St-Zip:	TAMPA, FL	
Title:	VD	( ) Delete
Name:	FARMER, JAMES	
Address:	205 SO. HOOVER BLVD.	
City-St-Zip:	TAMPA, FL	
Title:	VD	( ) Delete
Name:	THATCHER, CAROLYN	
Address:	205 SO. HOOVER BLVD.	
City-St-Zip:	TAMPA, FL	
Title:	SD	( ) Delete
Name:	CARTER, SHIRLEY	
Address:	205 SO. HOOVER BLVD.	
City-St-Zip:	TAMPA, FL	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VSD	(X) Change ( ) Addition
Name:	THATCHER, CAROLYN	
Address:	205 SO. HOOVER BLVD.	
City-St-Zip:	TAMPA, FL	
Title:	PTD	(X) Change ( ) Addition
Name:	CARTER, SHIRLEY	
Address:	205 SO. HOOVER BLVD.	
City-St-Zip:	TAMPA, FL	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHIRLEY CARTER PRES 05/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date