LIMITED LIABILITY COMPANY FILED UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am **DOCUMENT #** L01000007428 Secretary of State 1. Entity Name 05-15-2002 90059 045 ****50.00 GRAND BEACH REZORTS, LLC DO NOT WRITE IN THIS SPACE Barama 3. Mailing Address 2. Principal Place of Business 100 E. Granada Blvd. 100 E. Granada Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Ormond Beach, FL 32176 59-3719964 Not Applicable Ormond Beach, FL 32176 \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required **USA** 32176 32176 USA 7. Name and Address of Current Registered Agent CHARLES D. HOOD, JR. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd. IN THIS SPACE Suite 900 City Daytona Beach, 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. SIGNATURE. Signsburg ypad or printed name of registered agent and title if applicable **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE TITLE Manager NAME NAME Steve Schlossberg STREET ADDRESS STREET ADDRESS 100 E. Granada Blvd Ormond Beach, FL 32176 CITY-ST-ZIP CITY-ST-7/2 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

Daytime Phone #

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP