Jul.12.2004 2:40PM Nelle 850-410-1015 No.7621 P.1/1

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/14/2004-90290-034-$25.00-$25.00

FILED

04 JUN 14 PM 4:41

TALLAHASSEE FLORIDA

MJH

DOCUMENT # L01000010039

1. Entity Name
THE ULTIMATE SKI LAKE, LLC

Principal Place of Business	Mailing Address
5180 HARBORAGE DRIVE FORT MYERS, FL 33908	5180 HARBORAGE DRIVE FORT MYERS, FL 33908

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03072003 Chg-LLC CR2E083 (10/03) 6/14

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, GARY 5180 HARBORAGE DRIVE C/O PORTER, WRIGHT, MORRIS & ARTHUR FORT MYERS, FL 33908	Name: Ruthann McBride Street Address (P.O. Box Number is Not Acceptable) 5180 Harborage Drive City: Ft. Myers FL Zip Code: 33908

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: Ruthann McBride 6-11-04
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 September 8, 2004

Make check payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCBRIDE, RUTHANN MGR 5810 HARBORAGE DR FT. MYERS, FL 33908	☐ Delete		☐ Change ☐ Addition
		☐ Delete	600036563316 04/27/04--01032--008 **25.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	S04L99005564 06/14/04 90290 034 $25	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: Ruthann McBride 6-11-04 239 985-0096
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #