


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000015598					
1. Entity Name SUN TAN TERRACE BAY RESORT, LLC					
Principal Place of Business 117 CASEY KEY ROAD NOKOMIS FL 34275			Mailing Address P.O. BOX 578 ZEPHYRHILLS FL 33539		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>65-1137056</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG REFFITT, LINDA 117 CASEY KEY ROAD NOKOMIS FL 34275			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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	
Signature, typed or printed name of registered agent and title if applicable					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG-KEFFIT, LINDA			NAME	L000000320618
STREET ADDRESS	117 CASEY KEY ROAD			STREET ADDRESS	04/21/05-80046-005 50.00
CITY- ST- ZIP	NOKOMIS FL 34275			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	



1st MOORE CR2E083 (10/04)

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:** *Linda Young Reffit* **LINDA Young Reffit** **04/18/2005** **813-782-590**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #