2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90040 020 ****55.00

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1. Entity Name
EMERALD BEACH RESORT MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
111 SOUTH MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301	111 SOUTH MONROE STREET, SUITE 3000 TALLAHASSEE, FL 32301

04062005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2933 W. SR 434	2933 W. SR. 434
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Longwood FL	City & State: Longwood FL
Zip: 32779 Country:	Zip: 32779 Country:

4. FEI Number: 38-3653502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: No — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROYALL, H J JR
2933 WEST SR 434
SUITE 101
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	ROYALL, H J JR.	
STREET ADDRESS	2933 WEST SR 434, SUITE 101	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: HJ Royall Jr — 4-5-05 — 407-774-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #