2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000023273 FILED U.S. RESORT PROPERTIES, LLC 2007 MAR 29 AM 10: 59 Principal Place of Business Mailing Address SECRETARY OF STATE 3838 TAMIAMI TRAIL NORTH 3838 TAMIAMI TRAIL NORTH SUITE 416 SUITE 416 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3768113 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IRC Investor Services LLC U.S. INVESTOR SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TRAIL NORTH **SUITE 416** 3838 Tamiami Trail North, Suite 416 NAPLES, FL 34103 Zip Code 34103 City Naples 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 Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR MGR TITLE Delete TITI E ☐ Change **X** Addition FILTHAUT, RAINER N **IRC Management LLC** NAME NAME STREET ADDRESS 3838 TAMIAMI TRAIL NORTH SUITE 416 STREET ADDRESS 3838 Tamiami Trail North, Suite 416 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP Naples, FL 34103 ☐ Charlot ☐ Addition TITLE □ Delete NAME NAME 100095787 94/94/97--01925--016 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.