## 2004 LIMITED LIABILITY COMPANY

## Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # L02000025730** 1. Entity Name 04-28-2004 90075 032 \*\*\*\*50.00 CLUB ATLANTIS, L.L.C. Principal Place of Business Mailing Address 735 PRIMERA BOULEVARD, SUITE 200 735 PRIMERA BOULEVARD, SUITE 200 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stephen J. Valentine -GOVE, WAYNE S Street Address (P.O. Box Number is Not Acceptable) 1053 Maitland Ctr. Commons Blvd. 735 PRIMERA BOULEVARD, SUITE 200 LAKE MARY FL 32746 Suite 200 City Zip Code 32751 Maitland 8. The above named entry 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 reg stered agent. Stephen J. Valentine SIGNATURE ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR ☐ Delete ☐ Change ☐ Addition CALLAHAUN, JOHN NAME NAME STREET ADDRESS 735 PIEMRA BLV STREET ADDRESS CITY-ST-7IP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Detete TITLE ☐ Change ☐ Addition 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 required by chapter 608, Florida Statutes.

John T. Callahan, III

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

407/444-0466