2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000027979

Entity Name

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

PORT LARGO RESORT, LLC



Mailing Address

Principal Place of Business 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004

645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004

FILED Apr 27, 2005 08:00 AM Secretary of State



01212005 No Chg-LLC

CR2E083 (10/03)

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

BLACKBURN, ACE J JR. C/O COONEY MATTSON, ET AL 2312 WILTON DRIVE FORT LAUDERDALE, FL 33305

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	TON DRIVE JDERDALE, FL 33305		IN THIS SPACE			
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	office or registered agent, or both, in the	State of Florida. I am familiar with, a	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered A	gent signature required when reinstating)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS		- Ob			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BŁACKBURN, A JR 645 E. DANIA BEACH BLVD. DANIA, FL 33004					
TITLE NAME Street address City-St-Zip			04,	U00000336486 /27/05-80129-001 50	.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO NO	T WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE		
TITLE 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)(f). 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:

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

14/05

(954)568-6669