2006 LIMITED LIABILITY COMPANY

FILED Apr 20, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L02000028955 1. Entity Name TERN BAY DEVELOPMENT CO., LLC Principal Place of Business Mailing Address 3458 ANGLIN DRIVE, STE. A 3458 ANGLIN DRIVE, STE. A SARASOTA, FL 34242 SARASOTA, FL 34242 03292006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1980950 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NASH, DAVID DO NOT WRITE 3458 ANGLIN DRIVE, STE. A SARASOTA, FL 34242 IN THIS SPACE 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, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRM IME RESORTS, LLC NAME STREET ADDRESS 3458 ANGLIN DRIVE, STE. A U000000519610 CITY-ST-7IP SARASOTA, FL 34242 05/02/06-80061-003 50.00 MGRM TITLE PARKER TERN BAY LLC 9001 DANIELS PARKWAY SUITE 200 STREET ADDRESS CITY-ST-2IP FORT MYERS, FL 33912 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fe 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and accurate limited liability company or the receiver

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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP