

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90028 012 ****50.00

DOCUMENT # L02000029301

1. Entity Name
AMERICAN RESORTS, LLC



Principal Place of Business
88 N.E. FIFTH AVENUE
DELRAY BEACH, FL 33483

Mailing Address
88 N.E. FIFTH AVENUE
DELRAY BEACH, FL 33483



2. Principal Place of Business
3300 SW 14th Place

3. Mailing Address
3300 SW 14th Place

04132004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
Unit 3

Suite, Apt. #, etc.
Unit 3

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
13-4221057

Applied For
Not Applicable

Zip
33426-9034

Country
USA

Zip
33426-9034

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHONE, LARRY T
72 N.E. 5TH AVENUE
DELRAY BEACH, FL 33483

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME MCPHEE, STEVE
STREET ADDRESS 88 N.E. FIFTH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR ☒ Delete
NAME VALENTE, BETH
STREET ADDRESS 88 N.E. FIFTH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR ☐ Delete
NAME MULLER, RALPH P
STREET ADDRESS 88 N.E. FIFTH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3300 SW 14th Place Unit 3
CITY-ST-ZIP Boynton Beach FL 33426-9034

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS Kevin Muller
CITY-ST-ZIP 3300 SW 14th Place Unit 3
Boynton Beach, FL 33426-9034

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

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:

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

Date

Daytime Phone #

Kevin Muller

4-13-04

501-278-2294