

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034328

FILED
Jan 13, 2005
Secretary of State

Entity Name: TOPS'L CLUB OF NW FLORIDA, LLC

Current Principal Place of Business:

8955 HWY 98 W
SUITE 203
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

8955 HWY 98 W
SUITE 203
DESTIN, FL 32550

New Mailing Address:

FEI Number: 65-1176005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OLIN, JAMES S
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 87214

Title: MGR () Delete
Name: REED, COLIN V
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIORAVANTI, MARK
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 87214

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK FIORAVANTI

MGT

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date