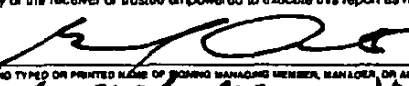


FILED
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90117 007 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000011119			
1. Entity Name WOOD CAY RESORTS LLC			
Principal Place of Business 800 NORTH FLAGLER DRIVE C/O HAMILTON MANAGEMENT WEST PALM BEACH, FL 33401		Mailing Address 800 NORTH FLAGLER DRIVE C/O HAMILTON MANAGEMENT WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 26-7176887		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMOUR, ALAN I II 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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: _____ DATE: _____ Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: ARRENT, BERNARD STREET ADDRESS: 800 N. FLAGLER DRIVE CITY-ST-ZIP: WEST PALM BEACH, FL ☐ Delete		TITLE: NAME: Arsenault, Gerard ☒ Change ☐ Addition	
TITLE: MGR NAME: HAMILTON, HARRY L STREET ADDRESS: 800 N. FLAGLER DR. CITY-ST-ZIP: WEST PALM BEACH, FL ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: MGR NAME: REIKENES, RICARDO STREET ADDRESS: 800 N. FLAGLER DR CITY-ST-ZIP: WEST PALM BEACH, FL ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
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:  GERARD ARSENAULT		4/27/05 (54)6553113	