


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90061 036 ****50.00

DOCUMENT # L03000012490					
1. Entity Name ROYAL ORLEANS CONDOTEL, LLC					
Principal Place of Business 703 COURT STREET CLEARWATER, FL 33756 US			Mailing Address 703 COURT STREET CLEARWATER, FL 33756 US		
2. Principal Place of Business <i>5560 BATES ST.</i>		3. Mailing Address <i>703 COURT ST</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>SEMIWOLE, FL 33772</i>		City & State <i>CLEARWATER, FL</i>		4. FEI Number <i>59-3771568</i>	
Zip <i>33772</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
B. 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MARTIN R. DRILLICH</i> <i>MANAGING DIRECTOR</i> <i>5560 BATES ST.</i> <i>SEMIWOLE, FL 33772</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR</i> <i>LEE KAMPSEN</i> <i>17101 DOWNS DR.</i> <i>ODDESSA, FL 33556</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i>			<i>4/22/04 727-251-7444</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		