

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015254

1. Entity Name
BLUE VIEW II L.L.C.



Principal Place of Business
56-140 PGA BLVD.
LAQUINTA, CA 92253

Mailing Address
56-140 PGA BLVD.
LAQUINTA, CA 92253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212004 Chg-LLC CR2E083 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

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

WELLES, PATRICIA G
150 W FLAGLER ST, STE 2200
MIAMI, FL 33130

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

Patricia G. Welles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/21/04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KSL I Holdings, Inc.
56-140 PGA Blvd.
La Quinta, CA 92253

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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)(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:

Larry R. Schmitt

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

7/21/04

DATE

Daytime Phone #

FILED
04 JUL 22 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

L030000015254

ACCOUNT NO. : 072100000032

REFERENCE : 816010 4311473

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 50.00

ORDER DATE : July 22, 2004

ORDER TIME : 10:02 AM

ORDER NO. : 816010-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 22 PM 1:28

FILED

ANNUAL REPORT FILING

NAME: BLUE VIEW II L.L.C.

BH

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JUL 22 AM 10:45

RECEIVED