2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM **DOCUMENT # L03000018128** Secretary of State TIKI ON THE BAY RESORT CONDOMINIUM DEVELOPERS, LLC Principal Place of Business_ Mailing Address 6583 MIDNIGHT PASS ROAD 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242 SARASOTA, FL 34242 01192005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2359932 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HICKERNELL, WARREN D JR DO NOT WRITE 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242 IN THIS SPACE 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE HICKERNELL, WARREN DJR NAME 6583 MIDNIGHT PASS ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 U00000232289 TITLE 02/16/05-80068-011 50.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

UTWORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,