


FILED  
May 14, 2004 8:00 am  
Secretary of State

04-28-2004 90058 024 \*\*\*\*50.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|   |                                 |   |  |
|---|---------------------------------|---|--|
| <b>DOCUMENT # L03000026254</b>  |                                 |    |  |
| 1. Entity Name<br>MARINER'S CLUB KEY LARGO REALTY SALES LLC   |                                 |   |  |
| Principal Place of Business<br>12800 UNIVERSITY DRIVE, SUITE 400<br>FORT MYERS, FL 33907  |                                 | Mailing Address<br>12800 UNIVERSITY DRIVE, SUITE 400<br>FORT MYERS, FL 33907  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |
| City & State  |                                 | City & State  |  |
| Zip   | Country                         | Zip   | Country  |
|   |                                 | 01142004 Chg-LLC CR2E083 (10/03)  |  |
|   |                                 | 4. FEI Number<br>20-0113524   | Applied For<br>Not Applicable  |
|   |                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>PHOENIX, CHARLES PT ESQ<br>12697 NEW BRITTANY BOULEVARD<br>FORT MYERS, FL 33907  |                                 | 7. Name and Address of New Registered Agent<br>Name: Scott W. Callahan<br>Street Address (P.O. Box Number is Not Acceptable):<br>37 North Orange Avenue Suite 200<br>City: Orlando FL Zip Code: 32801 |  |
| 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.<br>SIGNATURE: Scott W. Callahan DATE: 4/7/04<br><small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                 |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |                                 | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>DAVE CLARK<br>12800 UNIVERSITY DR., STE 400<br>FORT MYERS, FL 33907        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>MICHAEL ROSEN<br>12800 UNIVERSITY DR., STE 400<br>FORT MYERS, FL 33907     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>DOUGLASS CORDELLO<br>12800 UNIVERSITY DR., STE 400<br>FORT MYERS, FL 33907 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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.<br>SIGNATURE: Douglass Cordello DATE: 4/25/04<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |                                 |   |  |