2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Apr 06, 2004 8:00 am Secretary of State DOCUMENT # L03000027104 1. Entity Name 04-06-2004 90128 032 \*\*\*\*50.00 **VENTANA I, LLC** Principal Place of Business Mailing Address 111 SABINE DR 111 SABINE DR PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address 3326 Jackson Street 3326 Jackson Street Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 51-0476945 Jan Francisco, CA Francisco Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITVAK, KRAMER A ESQ Street Address (P.O. Box Number is Not Acceptable) SUNTRUST TOWER, 220 WEST GARDEN ST. STE. 606 PENSACOLA FL 32502 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Addition ☐ Delete Change parrott Shannon M. PARROTT, SHANNON M NAME NAME 3326 Jackson Street STREET ADDRESS 111 SABINE DR STREET ADDRESS CITY-ST-7IP Son Francisco, CA 94118 PENSACOLA BEACH FL 32561 CITY-ST-7/P MGR TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition SPOTIWOOD MATTHEW P. NAME SPOTSWOOD, MATTHEW P NAME STREET ADDRESS 3326 Jackson Street 111 SABINE DR STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561 CITY-ST-7IP San Francisco CA 94118 TITLE − 🗀 Delete Change Addition NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

rothwood - Matthew P. Snotswood 3/31/04

415-248-1021

**FILED**