2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 10, 2005 8:00 am Secretary of State **DOCUMENT # L03000030711** 02-10-2005 90191 048 ****55.00 1. Entity Name STERLING RESORT GROUP, LLC Mailing Address Principal Place of Business P.O. BOX 2346 3416 S. DIXIE HIGHWAY PALM BEACH, FL 33480 US WEST PALM BEACH, FL 33405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01162005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 16-1680227 Not Applicable Palm Beach \$5.00 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 33405 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, R. PERRY Street Address (P.O. Box Number is Not Acceptable) 3416 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME KPH VENTURES, LLC NAME STREET ADDRESS 3416 S. DIXIE HIGHWAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZP WEST PALM BEACH, FL 33405 ☐ Change Addition MGR TITLE ☐ Detete TITLE NAME WINKLER, RICHARD G NAME STREET ADDRESS STREET ADDRESS 20 FRESH MEADOW ROAD CITY-ST-ZIP CITY-ST-7IP WAKEFIELD, Rt 02879 Delete TITLE ☐ Change Addition TTTLE KEARNS, RICHARD G NAME STREET ADDRESS **577 SANDY POINT AVENUE** STREET ADDRESS CITY-ST-ZIP PORTSMOUTH, RI 02871 CITY-ST-71P ☐ Delete TITLE ■ Addition TITLE STERLING RESORT GROUP CORPORATION NAME NAME STREET ADDRESS STREET ADORESS 3416 SOUTH DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33405 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or try

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