FILED
May 20, 2004 8:00 am
Secretary of State
05-05-2004 90012 005 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041919

1. Entity Name
LAKE BUENA VISTA HOTEL MANAGEMENT, L.C.

Principal Place of Business	Mailing Address
C/O IRA C. HATCH, JR. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963	C/O IRA C. HATCH, JR. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963

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04232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0676053 — 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
HATCH, IRA C JR. C/O HATCH & DOTY, P.A. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Delete METRO REALTY, L.C. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Change ☒ Addition Lake Buena Vista Realty, L.C. 1701 Highway A1A, Suite 220 Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete ORCHID MANAGEMENT CORP. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Ira C. Hatch 4/27/04 772-234-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #