

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/1/2005-90051-002-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:13

DOCUMENT # L04000014337 1. Entity Name RESORT CAPITAL MANAGEMENT SERVICES, LLC					
Principal Place of Business 6132 WADE STREET LEESBURG FL 34748			Mailing Address 6132 WADE STREET LEESBURG FL 34748		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="text-align: center;"> </div> <div style="margin-top: 20px;"> <p>2nd MOORE CR2E083 (5/05)</p> <p>4. FEI Number 680579844</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</p> </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent BEAIR, MELISSA 6132 WADE STREET LEESBURG FL 34748				7. Name and Address of New Registered Agent Name JOHNN CAPSTICK Street Address (P.O. Box Number is Not Acceptable) 6132 WADE STREET City LEESBURG FL Zip Code 34748	
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 JOHNN CAPSTICK DATE 8/19/05 <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAIR, MELISSA 6132 WADE STREET LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNN CAPSTICK 6132 WADE STREET LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: JOHNN CAPSTICK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			Date 8/19/05 901 849-9200 <small>Date Daytime Phone #</small>		