

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-18-2005 90080 049 ****50.00

DOCUMENT # L04000029569 1. Entity Name NATIONAL RESORT MANAGEMENT GROUP, LLC			
Principal Place of Business 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418		Mailing Address 300 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1477 Suite, Apt. #, etc.	
City & State _____		City & State Pinehurst, NC	
Zip _____		Zip 28370	
4. EEI Number 20-1178086		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMOUR, KIMBERLY A 4179 DAVIE ROAD SUITE 101 DAVIE, FL 33314		7. Name and Address of New Registered Agent 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 DATE 4/15/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent who is not a natural person must be a corporation or limited liability company)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, KELLY 1005 MIDLAND ROAD SOUTHERN PINES, NC 28388 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATHY PATE 835 SCOTT DRIVE LLANO, TX 78643 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAER, KENNETH W III 5 CARDINAL RUN PINEHURST, NC 28374 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORSO, PATRICK A 1 CHALFORD PLACE PINEHURST, NC 28374 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBERG, GARY K ROSEWOOD COTTAGE HOT SPRINGS, VA 24445 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:		DATE: 4/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

30007119



03292005 Chg-LLC CR2E083 (10/03)

4. EEI Number **20-1178086** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

GILMOUR, KIMBERLY A
4179 DAVIE ROAD
SUITE 101
DAVIE, FL 33314

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent who is not a natural person must be a corporation or limited liability company)

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Make check payable to
Florida Department of State

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SIGNATURE: DATE: **4/15/05** 910-610-0370

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE