2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000036772



04-28-2005 90023 011 ****50.00 PORTMARNOCK #3041 L.L.C. Principal Place of Business Mailing Address 14002740 36750 U.S. HIGHWAY 19 NORTH 36750 U.S. HIGHWAY 19 NORTH C/O GOLF HOST RESORTS INC. C/O GOLF HOST RESORTS INC. PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number -1274322 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIOTT, HERBERT Street Address (P.O. Box Number is Not Acceptable) **623 EAST TARPON AVENUE** TARPON SPRINGS, FL 34689 City Zip Code FL 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 signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ■ Addition GOLF HOST RESORTS INC. NAME NAME 36750 U.S. HIGHWAY 19 NORTH STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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

Daytime Phone #

FILED

Apr 28, 2005 8:00 am Secretary of State