

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041467

FILED
Apr 30, 2005
Secretary of State

Entity Name: SECRET LAKE RESORT & SPA, LLC

Current Principal Place of Business:

209 TOWN CENTER BLVD
DAVENPORT, FL 33896

New Principal Place of Business:

3100 PARKWAY BLVD
KISSIMMEE, FL 34747

Current Mailing Address:

209 TOWN CENTER BLVD
DAVENPORT, FL 33896

New Mailing Address:

PO BOX 470813
CELEBRATION, FL 34747

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, EARNEST L JR
209 TOWN CENTER BLVD
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

REID, EARNEST L JR
PO BOX 470813
CELEBRATION, FL 34747 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: REID, ERNEST L JR
Address: 209 TOWN CENTER BLVD
City-St-Zip: DAVENPORT, FL 33896

Title: MGRM () Delete
Name: HAYES, CAROLE A
Address: 209 TOWN CENTER BLVD
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REID, ERNEST L JR
Address: PO BOX 470813
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Change () Addition
Name: HAYES, THOMAS J
Address: PO BOX 470813
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ERNEST L REID JR

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date