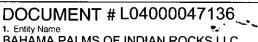
2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT





FILED Mar 25, 2005 8:00 am Secretary of State

03-25-2005 90132 029 ****55.00 BAHAMA PALMS OF INDIAN ROCKS LLC Principal Place of Business Mailing Address 20024776 1101 BELCHER ROAD SOUTH, STE, B 1101 BELCHER ROAD SOUTH, STE. B LARGO, FL 33771 -LARGO, FL-33771. -----2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEL Number 87-0729443 Applied For Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERLMAN, JOSEPH N ESQ. Street Address (P.O. Box Number is Not Acceptable) 1101 BELCHER ROAD SOUTH, STE, B LARGO, FL 33771 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 (NOTE: Registered Agent signature required when reinstating) . . .) . -THE WE Filing Fee is \$50.00 Due by May 1, 2005 13.1 1.74 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Change ☐ Addition NAME WEBER, SCOTT C NAME STREET ADDRESS 1101 BELCHER ROAD SOUTH, STE. B STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition SMITH, TOM NAME NAME STREET ADDRESS 1101 BELCHER ROAD SOUTH, STE. B STREET ADDRESS LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ■ Addition ROBERTS, KEVIN NAME NAME STREET ADDRESS 1101 BELCHER ROAD SOUTH, STE. B STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE 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 flability 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