2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						SECDE SECDE	FILED	FCTATE	
DOCUMENT # L04000059991 1. Entity Name PERDIC COVE, LLC						DIVISION	OF COR	PORATIO	DNS
Principal Place of Business 113 BAYBRIDGE PARK GULF BREEZE, FL 32561 US		Mailing Address 113 BAYBRIDGE PARK GULF BREEZE, FL 32561 US			II KAIN AIKK AAN ARII A	a n asini a ili a is	11 18-4 1118-11 118-111	ETI III 1611	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.				Chg:LLC		83 (10/03)	:
City & State		City & State		4. FEI Numb	20-1981	1 88		plied For t Applicable	
Zip	Country	Zip	Coun	try		e of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New	Registered A	gent	
-MACQUEEN, JULIAN B									
113 BAYBRIDGE PARK GULF BREEZE, FL 32561				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filling Fee is \$50.00 Make check payable to							<u> </u>		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	S/CHANGES		
TITLE NAME	MGRM MACQUEEN, JULIAN B	☐ Delete	TITLE	1	4 02 /0	00048	0762	ZIJPade	Addition
STREET ADORESS CITY-ST-ZIP	113 BAYBRIDGE PARK GULF BREEZE, FL 32561		STRE	ET ADDRESS -ST-ZIP	03/0	9/050106	4002	**200	.80
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME	INNISFREE HOTELS, INC.		NAM	-					İ
STREET ADDRESS CITY-ST-ZIP	113 BAYBRIDGE PARK GULF BREEZE, FL 32561			ET ADORESS - ST - ZIP					
TITLE NAME		☐ Delete	TITLE NAM	l.				Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP					
TITLE		☐ Delete	ŧпц					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				E Et adoress -st-zip		~			
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADORESS - ST-ZIP					
TITLE NAME		☐ Delete	TITLE	E				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 of the secure this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Department of Department									