2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005
Secretary of State

DOCUMENT# L04000060033

Entity Name: THE RESORT 5-C, LLC

Current Principal Place of Business:

4000 N. OCEAN DR.
#202
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

3920 N. OCEAN DR.
4B
SINGER ISLAND, FL 33404 US

Current Mailing Address:

4000 N. OCEAN DR.
#202
SINGER ISLAND, FL 33404 US

New Mailing Address:

3920 N. OCEAN DR.
4B
SINGER ISLAND, FL 33404 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCARMAZZO, ROBERT A
4000 N. OCEAN DR.
#202
SINGER ISLAND, FL 33404 US

Name and Address of New Registered Agent:

SCARMAZZO, ROBERT A
3920 N. OCEAN DR.
4B
SINGER ISLAND, FL 33404 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: 08/10/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCARMAZZO, ROBERT A
Address: 4000 N. OCEAN DR., #202
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCARMAZZO, ROBERT A
Address: 3920 N. OCEAN DR., 4B
City-St-Zip: SINGER ISLAND, FL 33404 US

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: ROBERT SCARMAZZO GP 08/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date