


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 014 ****50.00

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| DOCUMENT # L04000065699 |  |
| 1. Entity Name FLORIDAYS RESORT MANAGEMENT CO., LLC | |

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|--|---|
| Principal Place of Business 73 SOUTH PALM AVE. SUITE 223 SARASOTA, FL 34236 | Mailing Address 73 SOUTH PALM AVE., SUITE 223 SARASOTA, FL 34236 |
|--|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



04052006 Chg-LLC CR2E083 (11/05)

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|--|-------------------------------|
| 4. FEI Number APPLIED FOR 30-3362135 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| ROGERS, ANGUS C 73 SOUTH PALM AVE. SUITE 223 SARASOTA, FL 34236 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NERBONNE NORTH DEVELOPMENT CORPORATION 73 SOUTH PALM AVE., SUITE 223 SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Angus C Rogers **ANGUS C. ROGERS** **6 APR 06** **941 362 9377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #