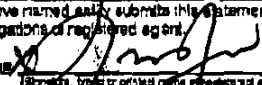
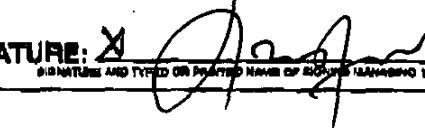


Apr 28 2005 8:30PM Sonu Shukla, CPA

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90021 049 ***150.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000091162			
1. Entity Name RESORT INVESTMENT GROUP, LLC			
Principal Place of Business 318 BELHAVEN FALLS DRIVE OCFEE, FL 34761 US		Mailing Address 318 BELHAVEN FALLS DRIVE OCFEE, FL 34761 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2020701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		85.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOPRA, RAJAT 318 BELHAVEN FALLS DRIVE OCFEE, FL 34761		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  DATE			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOPRA, RAJAT 318 BELHAVEN FALLS DRIVE OCFEE, FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUMALLA, PARVESH 5080 S.W. 18T AVENUE OCALA, FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		4/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		Date Day/Mo/Yr	