2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State

DOCUMENT # L05000029498 1. Entity Name GLOBAL RESORT MANAGEMENT, LLC							018 024 ****	50.00	
Principal Place of Business 7041 GRAND NATIONAL DRIVE SUITE 236 ORLANDO, FL 32819 US		Mailing Address 7041 GRAND NATIONAL DRIVE SUITE 236 ORLANDO, FL 32819 US		· · .	T GUÜD T		HENT HIN AUTO ITEM (1		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0409	92006 Chg	-LLC C	R2E083 (11/05)		
City & State		City & State			Number 25:	53926		oplied For at Applicable	
Zip	Country	Zip	Country		ertificate of Status		\$5.00 44		
	6. Name and Address of Current R	legistered Agent		7. Na	me and Addres	s of New Regist	ered Agent		
			Name		••				
THOMAS, TRAVIS 7041 GRAND NATIONAL DRIVE SUITE 236			Street A	Street Address (P.O. Box Number is Not Acceptable)					
+), FL 32819								
·			City				FL Zip Cod	ө	
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 an	nd title if applicable. (NOTE: Re	egistered Agent signat	ture required when reim	stating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006		- E			Make check payable to Florida Department of State				
								e	
		RS/MANAGERS	10.				partment of State	0	
Di	ue by May 1, 2006	S/MANAGERS	7	Presiden	ł	Florida Dep	partment of State	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM TRAVIS R. THOMAS, INC. 5559 BROOKLINE DRIVE		10. TITLE NAME STREET ADDRESS	TRAUS R.	t Thomas ino Nation	Florida Dep DDITIONS/CHA JULIA JULIA TOR ST	NGES Change		
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Thereby certify that the finormation supplied with this liting coes not qualify for the exemptions contained in Chapter 1.9, Florida Statutes. 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: MANAGER, OR AUTHORIZED REPRESENTATIVE

407 200 3609

5/8/00

Daytime Phone #