

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107744

Entity Name: IRP RESORT, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 6234
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

PO BOX 6234
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDIAN RIVER PLANTATION PROPERTIES L.L.C.
145 NE EDGEWATER DRIVE
SUITE 4101
STUART, FL 34996 US

Name and Address of New Registered Agent:

INDIAN RIVER PLANTATION PROPERTIES, LLC
145 NE EDGEWATER DRIVE
SUITE 4101
STUART, FL 34996 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: ED OHLSON

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OHLSON, EDWARD F
Address: 145 NE EDGEWATER DRIVE, SUITE 4101
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: OHLSON, KRISTINE A
Address: 145 NE EDGEWATER DRIVE, SUITE 4101
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OHLSON, ED
Address: PO BOX 6234
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGRM (X) Change () Addition
Name: OHLSON, KRISTINE
Address: PO BOX 6234
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ED OHLSON

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date