2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000039

1. Entity Name

DIAMONDHEAD ISLAND BEACH RESORT, L.C.

Principal Place of Business	Mailing Address
6640 ESTERO BLVD. FORT MYERS BEACH FL 33931	6640 ESTERO BLVD. FORT MYERS BEACH FL 33931-4512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	Sunstream, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6620 Estero Blvd.
City & State	City & State Fort Myers Beach, FL
Zip / Country	Zip / Country 33931 / US

4. FEI Number 65-0481300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOGEL, RICHARD M 3936 TAMIAMI TRAIL NORTH SUITE B NAPLES FL 33940	Name: Monsrud, Mary A Street Address (P.O. Box Number is Not Acceptable): Sunstream, Inc. 6620 Estero Boulevard City: Ft Myers Beach **FL** Zip Code: 33931

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.

SIGNATURE: Mary Ann Monsrud — DATE: 4/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SWANSON, ROBERT J 1303 S. FRONTAGE RD., #11 HASTINGS MN 55033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003259352--5 -05/19/00--01078--020 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAWRENCE, DAVID A 1303 S. FRONTAGE RD., #11 HASTINGS MN 55033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLUEGEL, DONALD J 1303 S. FRONTAGE RD., #5 HASTINGS MN 55033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VOGEL, JAMES D 3936 TAMIAMI TRAIL N. STE. D NAPLES FL 33940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VOGEL, RICHARD M 3936 TAMIAMI TRAIL N., SUITE B NAPLES FL 33940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAWRENCE, PAUL W 1303 S. FRONTAGE RD., #11 HASTINGS MI 55033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED David A. Lawrence 3-8-2000 941 765-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #