2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004
Secretary of State

DOCUMENT# L94000000039

Entity Name: DIAMONDHEAD ISLAND BEACH RESORT, L.C.

Current Principal Place of Business:

6640 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

6620 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

Current Mailing Address:

SUNSTREAM, INC.
6620 ESTERO BLVD.
FT. MEYERS BEACH, FL 33931

New Mailing Address:

SUNSTREAM, INC.
6620 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

FEI Number: 65-0481300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONSRUD, MARY A
SUNSTREAM INC.
6620 ESTERO BLVD.
FT. MEYERS, FL 33931 US

Name and Address of New Registered Agent:

MONSRUD, MARY A
SUNSTREAM INC.
6620 ESTERO BLVD.
FT. MYERS, FL 33931 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: _____ 03/12/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SWANSON, ROBERT J	
Address:	1125 S. FRONTAGE RD., SUITE 4	
City-St-Zip:	HASTINGS, MN 55033	
Title:	MGRM	( ) Delete
Name:	LAWRENCE, DAVID A	
Address:	1125 S. FRONTAGE RD., SUITE 4	
City-St-Zip:	HASTINGS, MN 55033	
Title:	MGRM	( ) Delete
Name:	FLUEGEL, DONALD J	
Address:	1303 S. FRONTAGE RD., #5	
City-St-Zip:	HASTINGS, MN 55033	
Title:	MGRM	( ) Delete
Name:	VOGEL, JAMES D	
Address:	3936 TAMIAMI TRAIL N. STE. D	
City-St-Zip:	NAPLES, FL 33940	
Title:	MGRM	( ) Delete
Name:	GUSTAFSON, DONALD W	
Address:	1125 S. FRONTAGE RD., SUITE 4	
City-St-Zip:	HASTINGS, MN 55033	
Title:	MGRM	( ) Delete
Name:	LAWRENCE, PAUL W	
Address:	1125 S. FRONTAGE RD., SUITE 4	
City-St-Zip:	HASTINGS, MI 55033	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID A. LAWRENCE MGRM 03/12/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date