2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# L94000000039

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

Current Principal Place of Business:

6620 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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. MYERS, FL 33931 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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 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: NEIL HOPGOOD MGRM 04/19/2006

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