2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L94000000039

1. Entity Name
DIAMONDHEAD BEACH RESORT, LLC

Principal Place of Business	Mailing Address
2000 ESTERO BOULEVARD FORT MYERS, FL 33931	2000 ESTERO BOULEVARD FORT MYERS, FL 33931

DO NOT WRITE IN THIS SPACE

03112008 No Chg-LLC CR2E083 (12/07)

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

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000385406
04/18/08-80012-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SUNSTREAM, INC.
STREET ADDRESS	2000 ESTERO BOULEVARD
CITY-ST-ZIP	FORT MYERS, FL 33931
TITLE	MGRM
NAME	FLUEGEL, DONALD J
STREET ADDRESS	1303 S. FRONTAGE RD., #5
CITY-ST-ZIP	HASTINGS, MN 55033
TITLE	MGRM
NAME	VOGEL, JAMES D
STREET ADDRESS	3936 TAMIAMI TRAIL N. STE. D
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	MGRM
NAME	GUSTAFSON, DONALD W
STREET ADDRESS	1125 S. FRONTAGE RD., SUITE 4
CITY-ST-ZIP	HASTINGS, MN 55033
TITLE	MGRM
NAME	LAWRENCE, PAUL W
STREET ADDRESS	1125 S. FRONTAGE RD., SUITE 4
CITY-ST-ZIP	HASTINGS, MI 55033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary Ann Balch 4/1/08 239-765-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #