


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 10 PM 3:13	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000285		1a. Principal Place of Business Address	
S.S. RESORT MANAGEMENT, L.C. 12800 UNIVERSITY DR SUITE 350 FT MYERS FL 33907				12800 UNIVERSITY DR SUITE 350 FT MYERS FL 33907	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/24/1994	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number 65-0509172	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/13/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
BOGGOTT, TIMOTHY R 12800 UNIVERSITY DR SUITE 350 FT MYERS FL 33907			Name <i>Richard E. Krichbaum</i> Street Address (P.O. Box Number is Not Acceptable) <i>8961 Conference Dr</i> Suite, Apt. #, etc. <i>Ft. Myers, FL</i> City <i>Ft. Myers, FL</i> Zip Code <i>33919</i>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Richard E. Krichbaum</i>			DATE <i>2/24/99</i>		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reappointment)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	TAYLOR, ROBERT M	12800 UNIVERSITY DR SUITE		FT MYERS FL	
MGR	BOGGOTT, TIMOTHY R	12800 UNIVERSITY DR SUITE		FT MYERS FL	
MGR	KRICHBAUM, RICHARD E	12800 UNIVERSITY DR SUITE		FT MYERS FL	
				400002803384- - 91 -03/11/99--01124--007 ****188.75 ****188.75	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Richard E. Krichbaum</i> <i>vr</i> <i>2/24/99</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SERVICE MANAGER (NAME FOR MAILING)					