2000) UNIFORM BUSI	INESS REPO	DRT (UBI	₹} : : : : : : : : : : : : : : : : : : :	ម្តីក			
DOCUMENT # L9400000285 1. Entity Name						FILED			
S.S. RESORT MANAGEMENT, L.C. Principal Place of Business 12800 UNIVERSITY DR SUITE 350 FT MYERS FL 33907 SUITE 350 FT MYERS FL 33907-5344				00 APR 24 PM 2: 32				•	
					SECRETARY TALLAHASS	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business 3. Mailing Address								i isia l biši 1881	
Suite, Apt. #, etc. Suite 260		Suite, Apt. #, etc. Suite 260			mam	MDM DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	65-0509172	 	pplied For ot Applicable		
Zip Country		Zip Cour		5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Ad	dress of New Reg	gistered Agent		
KRICHBAUM, RICHARD E				Street Address (P.O. Box Number is Not Acceptable)					
	NFERENCE DRIVE IS FL 33919								
Section 1980 Annual Control of the C				City FL Zip Code					
8. The above	named entity submits this statement for	Market State Control	s registered	d office or	registered agent, or both, in	the State of Florid	da.		
SIGNATURE .	DEB 75.1.1.2.3.4.1 (3) Signature, typed or printed name of registered agent a	44.11.22	TE: Registered	Agent signati	are required when reinstating)		DATE		
		FILE N Make Check P	IOW!!! F ayable to		7.2	500			
9.	MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, ROBERT M 12800 UNIVERSITY DR SUITE 35 FT MYERS FL 33907	YLOR, ROBERT M 800 UNIVERSITY DR SUITE 350		F ADDRESS BT-ZIP	12800 University Drive, Ste. 260			LEO83 (9/99)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGGOTT, TIMOTHY R 12800 UNIVERSITY DR SUITE 350 FT MYERS FL 33907		TITLE Mame Street City-1	I ADDRESS ST-ZIP	400003246 19			14	
TITLE MAME STREET ADDRESS GITY-ST-ZIP	MGR KRICHBAUM, RICHARD E 12800 UNIVERSITY DR SUITE 350 FT MYERS FL 33907		TITLE MAME STREET CITY- 8		8961 Conference	Drive 33919	⚠ Change	Addition .	
TITLE NAME BTREET ADDRESS CCTY-ST-ZCP		☐ Defects	TITLE MAME STREET CITY- S	r address st-zip			☐ Change	Addition	
TITLE Name Stheet Address Coty-St-Zip	***************************************	☐ Delete	TATLE MAME STREET CITY-S	r address st-zip		-	☐ Change	Addition	
TITLE Name Btreet adoress City-st-zip	LEUR DE WOLKELEST ET L'HERMINEURS DE	Delete	TITLE NAME STREET CITY- 1	(ADDRESS St-zip			Change	Addition	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have empowered to execute this	or the exemely the same is report as re-	ption stategal effe	ct as if made under oath; tha	at Łam a managin utes.	ig member or manage	er of the	

SIGNATURE: