

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90252 042 \*\*\*\*50.00

DOCUMENT # L94000000285

1. Entity Name  
S.S. RESORT MANAGEMENT, L.C.



Principal Place of Business  
13451 MCGREGOR BLVD  
SUITE 27  
FORT MYERS, FL 33919

Mailing Address  
8961 CONFERENCE DR.  
FORT MYERS, FL 33919

64006000



2. Principal Place of Business

3. Mailing Address

8961 Conference Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Fort Myers, FL

Zip

Country

Zip

Country

33919

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0509172

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRICHBAUM, RICHARD E  
8961 CONFERENCE DRIVE  
FT. MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

8961 Conference Drive Suite 1

City Fort Myers

FL

Zip Code 33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME TAYLOR, ROBERT M  
STREET ADDRESS 13451 MCGREGOR BLVD, SUITE 27  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

11. I 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 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: Richard E. Krichbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #