


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 005 ****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. STE 1 FORT MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6216 Whiskey Creek Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A
City & State	City & State Fort Myers, FL
Zip	Zip 33919
Country	Country USA



04022007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent KRICHBAUM, RICHARD E 8961 CONFERENCE DR. STE 1 FT. MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6216 Whiskey Creek Drive Suite A City Fort Myers FL Zip Code 33919
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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 *Richard E. Krichbaum* DATE 4/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, ROBERT M 13451 MCGREGOR BLVD. SUITE 27 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard E. Krichbaum* DATE 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE