

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2004 90253 009 \*\*\*\*50.00

DOCUMENT # L96000000209

1. Entity Name  
T & T RESORTS, L.C.



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

Mailing Address  
8961 CONFERENCE DRIVE  
FORT MYERS, FL 33919

24033142



2. Principal Place of Business

3. Mailing Address

8961 Conference Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State  
Ft. Myers, FL

Zip

Country

Zip

33919

Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0648314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

8961 Conference Drive Suite 1

City

Ft. 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

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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* Agent 3/25/04

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

Date

Daytime Phone #