2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000816

1. Entity Name
INDIGO RESORTS INTERNATIONAL, L.C.

FILED
01 JAN 22 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4053 S. SURF ROAD
HOLLYWOOD BEACH FL 33019

Mailing Address
~~3029 ALHAMBRA~~ STREET
FT. LAUDERDALE FL 33304

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
1561 NW 14 AVE
Suite, Apt. #, etc.
City & State
BOCA RATON, FL
Zip
33486
Country
PALM BCH

4. FEI Number 65-0773513 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BONGIORNO, MARY ANN
~~3029 ALHAMBRA STREEET~~
~~FORT LAUDERDALE FL 33304~~

7. Name and Address of New Registered Agent

Name
MARY ANN BONGIORNO
Street Address (P.O. Box Number is Not Acceptable)
1561 NW 14 AVE
City
BOCA RATON
FL
Zip Code
33486

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.

SIGNATURE Mary Ann Bongiorno MARY ANN BONGIORNO 1/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM ☒ Delete
NAME	SLACK, JACQUELINE A
STREET ADDRESS	1 RUTLAND GATE-NORTH SHORE
CITY-ST-ZIP	BLACKPOOL LANES, ENGLAND FY10 -2HD
TITLE	MGRM ☐ Delete
NAME	BONGIORNO, MARY ANN
STREET ADDRESS	3029 ALAHAMBRA STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	MARY ANN BONGIORNO
STREET ADDRESS	1561 NW 14 AVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	800003576068--7
CITY-ST-ZIP	-01/26/01--01036--003
	*****50.00 *****50.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (11/00)

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: Mary Ann Bongiorno DIRECTOR 1/16/01 (561) 417-3897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #