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	Mailing Address
4053 S. SURF ROAD HOLLYWOOD BEACH FL 33019	~~3029 ALHAMBRA STREET~~ FT. LAUDERDALE FL 33304

2. Principal Place of Business	3. Mailing Address
	1561 NW 14 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BOCA RATON, FL
Zip / Country	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	7. Name and Address of New Registered Agent
BONGIORNO, MARY ANN ~~3029 ALHAMBRA STREEET~~ ~~FORT LAUDERDALE FL 33304~~	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 — DATE: 1/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SLACK, JACQUELINE A 1 RUTLAND GATE-NORTH SHORE BLACKPOOL LANES, ENGLAND FY10 -2HD	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BONGIORNO, MARY ANN 3029 ALAHAMBRA STREET FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARY ANN BONGIORNO 1561 NW 14 AVE BOCA RATON, FL 33486 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003576068--7 -01/26/01--01036--003 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: 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 #

CR2E083 (11/00)