


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000816 1. Entity Name INDIGO RESORTS INTERNATIONAL, L.C.	
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Principal Place of Business C/O MARY ANN BONGIORNO 4053 SOUTH SURF ROAD HOLLYWOOD, FL 33019	Mailing Address 1561 NW 14 AVE. BOCA RATON, FL 33486
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03092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0773513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VIRGINA, DANIELS
1561 NW 14 AVE
BOCA RATON, FL 33-3486

**DO NOT WRITE
IN THIS SPACE**

I, 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**

U00000089409
03/15/04-80090-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONGIORNO, MARY ANN 1561 NW 14 AVE. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, VIRGINA 1561 NW 14 AVENUE BOCA RATON, FL 33486
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IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: Virginia Daniels **3/10/04** **561-417-3897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #