


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004491 1. Entity Name AMBER RESORT MANAGEMENT LLC	
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Principal Place of Business
621 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

Mailing Address
700 W. GRANADA BLVD.
SUITE 201
ORMOND BEACH, FL 32174



03262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3590008

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000111877
04/13/04-80038-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBBINS, STACY H
STREET ADDRESS	700 W. GRANADA BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	MGRM
NAME	MOSSER, THOMAS W
STREET ADDRESS	2301 RIDGE ROAD
CITY-ST-ZIP	PIGEON FORGE, TN 37863

TITLE	MGR
NAME	ANDERSON, CHARLES
STREET ADDRESS	2301 RIDGE ROAD
CITY-ST-ZIP	PIGEON FORGE, TN 37863

TITLE	MGR
NAME	BRADFORD, JERRY W
STREET ADDRESS	2301 RIDGE ROAD
CITY-ST-ZIP	PIGEON FORGE, TN 37863

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(b), 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:

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

DATE

DAYTIME PHONE #

STACY Robbins

4-2-04

386-613-7767