

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004491

FILED
Mar 17, 2009
Secretary of State

Entity Name: AMBER RESORT MANAGEMENT LLC

Current Principal Place of Business:

621 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3590008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBBINS, STACY H
Address: 700 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: MOSSER, THOMAS W
Address: 2301 RIDGE ROAD
City-St-Zip: PIGEON FORGE, TN 37863

Title: MGR () Delete
Name: ANDERSON, CHARLES
Address: 2301 RIDGE ROAD
City-St-Zip: PIGEON FORGE, TN 37863

Title: MGR () Delete
Name: BRADFORD, JERRY W
Address: 2301 RIDGE ROAD
City-St-Zip: PIGEON FORGE, TN 37863

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY ROBBINS

MGRM

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date