

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-03-2003 90020 009 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                         |                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L99000004491</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |        |                                                                                                                                                           |
| 1. Entity Name<br><b>AMBER RESORT MANAGEMENT LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| Principal Place of Business<br><b>621 SOUTH ATLANTIC AVENUE<br/>ORMOND BEACH, FL 32176</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                | Mailing Address<br><b>621 SOUTH ATLANTIC AVENUE<br/>ORMOND BEACH, FL 32176</b>          |                                                                                                                                                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                | 3. Mailing Address<br><b>700 W. Granada Blvd<br/>Suite, Apt. #, etc.<br/>Suite #201</b> |                                                                                                                                                           |
| Sube, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                | City & State<br><b>Ormond Beach, FL</b>                                                 |                                                                                                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                | 4. FEI Number<br><b>59-3580008</b>                                                      |                                                                                                                                                           |
| Zip<br><b>32174</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                | Country<br><b>USA</b>                                                                   |                                                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                  |                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br><b>A.G.C. CO.<br/>200 SOUTH ORANGE AVENUE, SUITE 2300<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                | 7. Name and Address of New Registered Agent                                             |                                                                                                                                                           |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                | Street Address (P.O. Box Number is Not Acceptable)                                      |                                                                                                                                                           |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                | FL Zip Code                                                                             |                                                                                                                                                           |
| 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 agents.                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| 10. ADDITIONS/CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                | OFFICE (1/10/03)                                                                        |                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete<br><b>MEMBER<br/>ROBBINS, STACY H<br/>621 SOUTH ATLANTIC AVENUE<br/>ORMOND BEACH, FL 32176</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Managing Member<br/>700 W. Granada Blvd<br/>Ormond Beach, FL 32174</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete<br><b>MEMBER<br/>MOSSER, THOMAS W<br/>621 SOUTH ATLANTIC AVENUE<br/>ORMOND BEACH, FL 32176</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Managing Member<br/>2301 RIDGE ROAD<br/>Pigeon Forge, TN 37863</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete<br><b>MEMBER<br/>ANDERSON, CHARLES<br/>109 PARKWAY, SUITE 2, PPP<br/>SEVIERVILLE, TN 37862</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Member Manager<br/>2301 RIDGE ROAD<br/>Pigeon Forge, TN 37863</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete<br><b>MEMBER<br/>BRADFORD, JERRY W<br/>109 PARKWAY, SUITE 2, PPP<br/>SEVIERVILLE, TN 37862</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Member Manager<br/>2301 RIDGE ROAD<br/>Pigeon Forge, TN 37863</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> 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 registrar or a duly empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| SIGNATURE: <b>STACY ROBBINS, Managing Member</b> 3/24/03 386-673-7767                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                                                                         |                                                                                                                                                           |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                                                                         |                                                                                                                                                           |