

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006780

FILED  
Jul 01, 2011  
Secretary of State

**Entity Name:** RESORT SERVICES REALTY, LLC

**Current Principal Place of Business:**

8747 NAVARRE PARKWAY, STE. 401  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

8747 NAVARRE PARKWAY, STE. 401  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3620857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORBES, JAMIE V III  
8747 NAVARRE PARKWAY, STE. 401  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

FORBES, ALLISON K  
8747 NAVARRE PARKWAY, STE. 401  
NAVARRE, FL 32566 US

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: ALLISON K. FORBES

07/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FORBES, JAMIE V III  
Address: 8747 NAVARRE PARKWAY, STE. 401  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM  
Name: FORBES, ALLISON K  
Address: 8747 NAVARRE PARKWAY, STE. 401  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM  
Name: FORBES, RACHEL A  
Address: 8747 NAVARRE PARKWAY, STE. 401  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM  
Name: FORBES, PATRICIA L  
Address: 8747 NAVARRE PARKWAY, STE. 401  
City-St-Zip: NAVARRE, FL 32566

I hereby 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: ALLISON K. FORBES

MGRM

07/01/2011

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