

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000175

1. Entity Name
FISHERMAN'S VILLAGE ONE DEVELOPMENT
COMPANY, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 17 AM 10: 09

Principal Place of Business
9300 HIGHWAY 98 WEST
DESTIN, FL 32541

Mailing Address
9300 HIGHWAY 98 WEST
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

07192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
91-2114141

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
INTRAWEST SANDESTIN COMPANY, LLC
9300 HIGHWAY 98 WEST
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300058940813
08/24/05--01052--002 **\$5.00

**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)(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 608, Florida Statutes.

SIGNATURE: _____

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

Jim Boivin

Date

7/26/05

Daytime Phone #

407-472-6500