## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000557

Entity Name: DESERT RIDGE RESORT, LLC

FILED Feb 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

450 S. ORANGE AVE. ORLANDO, FL 328013336

Current Mailing Address: New Mailing Address:

P.O. BOX 4920 P.O. BOX 2226 ORLANDO, FL 32802 P.O. BOX 2226 ORLANDO, FL 32802

FEI Number: 52-2268775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOURNE, ROBERT A THOMAS, STEPHANIE J 450 S. ORANGE AVE. 450 S. ORANGE AVE. ORLANDO, FL 328013336 US ORLANDO, FL 328013336 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: STEPHANIE J THOMAS 02/21/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition
Name: ANGELO, BERNARD J Name: DESERT RIDGE RESORT, PARTNERS, LLC
Address: 445 BROAD HOLLOW ROAD Address: 450 S ORANGE AVENUE

City-St-Zip: MELVILLE, NY 11747 City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STIDD, ANDREW L
 Name:

 Address:
 445 BROAD HOLLOW ROAD
 Address:

 City-St-Zip:
 MELVILLE, NY 11747
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN A GRISWOLD MGRM 02/21/2005