


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002104 1. Entity Name PINE RIDGE VILLAS, LLC	
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Principal Place of Business 15000 EMERALD COAST PARKWAY C/O RESORT DEVELOPMENT OF DESTIN, INC. DESTIN, FL 32541	Mailing Address 15000 EMERALD COAST PARKWAY C/O RESORT DEVELOPMENT OF DESTIN, INC. DESTIN, FL 32541
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01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3748615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL N., SUITE 300 NAPLES, FL 34103

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

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	MGRM RESORT DEVELOPMENT OF DESTIN, INC. 15000 EMERALD COAST PARKWAY DESTIN, FL 32541
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  RDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____