

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90078 011 \*\*\*\*\*50.00

**DOCUMENT # M02000001235**

1. Entity Name  
**FCC RESORT LLC**



Principal Place of Business  
**4800 N. SCOTTSDALE ROAD  
SCOTTSDALE, AZ 85251-7623**

Mailing Address  
**4800 N. SCOTTSDALE ROAD  
SCOTTSDALE, AZ 85251-7623**

**24061140**



2. Principal Place of Business

3. Mailing Address

**4800 N. SCOTTSDALE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MS1580**

City & State

**SCOTTSDALE, AZ**

Zip

Country

Zip

Country

**85251**

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**43-1953970**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 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 May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CACTUS RESORT PROPERTIES III, LLC  
4800 N. SCOTTSDALE ROAD  
SCOTTSDALE, AZ 852517623** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Elizabeth A. Wethor*

**Elizabeth A. Wethor**  
**Assistant Secretary**

**APR 26 2004**

**(850) 636-4800**

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

Date

Daytime Phone #