

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90015 015 ****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

20017037



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

4800 N. SCOTTSDALE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MS 4E80

City & State

City & State

SCOTTSDALE, AZ

Zip

Country

Zip

Country

85251

USA

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

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 85251-7623

☐ Delete

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CITY - ST - ZIP

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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)(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, MANAGER, RECEIVER OR TRUSTEE

Elizabeth A. Wethor
Assistant Secretary

2/17/05

Date

480-636-5190

Daytime Phone #