
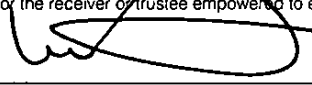


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 DEC -8 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002052 1. Entity Name RESORT MANAGEMENT ASSOCIATES, LLC			
Principal Place of Business 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747		Mailing Address 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747	
2. Principal Place of Business 205 East King St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 205 East King St. <small>Suite, Apt. #, etc.</small>	
City & State Edenton, NC		City & State Edenton, NC	
Zip 27932		Zip 27932	
Country USA		Country USA	
4. FEI Number 62-1740580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		11102004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 50px;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME GREENE, WILSON STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200- CELEBRATION, FL 34747	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 205 East King St. Edenton, NC 27932	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 531 Greenbriar Ave Celebration, FL 34747
TITLE MGRM <input checked="" type="checkbox"/> Delete NAME DAVIS, JEFFREY B STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600043273876 12/08/04--01046--008 **\$5.00	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM <input type="checkbox"/> Delete NAME MATASKA, JIM STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200 CELEBRATION, FL 34747	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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:  Wilson Greene		Date: 12-6-04 Daytime Phone #: 252-482-3763	