

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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.
Suite, Apt. #, etc.

3. Mailing Address
205 East King St.
Suite, Apt. #, etc.

City & State
Edenton, NC
Zip 27932 Country USA

City & State
Edenton, NC
Zip 27932 Country USA

11102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
62-1740580

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GREENE, WILSON ☐ Delete
STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGRM
NAME DAVIS, JEFFREY B ☒ Delete
STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGRM
NAME MATASKA, JIM ☐ Delete
STREET ADDRESS 215 CELEBRATION PLACE, SUITE 200
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 205 East King St.
CITY-ST-ZIP Edenton, NC 27932 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 531 Greenbrier Ave
CITY-ST-ZIP Celebration, FL 34747 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 600043273876
12/08/04--01046--008 **\$5.00 ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

Wilson Greene

12-6-04 252-482-3763

FILED

2004 DEC -8 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

