



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90020 029 ****50.00

DOCUMENT # M04000000708 1. Entity Name RESORTS & CHARTERED COURSES, LLC <i>CHARTERED</i>					
Principal Place of Business 240 CENTRAL PARK SOUTH SUITE 11N NEW YORK, NY 10019-1413			Mailing Address 240 CENTRAL PARK SOUTH SUITE 11N NEW YORK, NY 10019-1413		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		20026822 	
03072005 Chg-LLC CR2E083 (10/03)				4. FEI Number 22-3892220	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MASSIE, SALLIE 776 JOHN RINGLING BLVD., SUITE 21G SARASOTA, FL 34230 <i>address change only</i>			7. Name and Address of New Registered Agent Name <i>Sallie Massie</i> Street Address (P.O. Box Number is Not Acceptable) <i>915 OCEAN SHORE BLVD. - SUITE # 603</i> City <i>Ormond Beach, FL</i> FL Zip Code <i>32176</i>		
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 <i>Sallie Massie</i> DATE <i>April 1, 2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MASSIE, SALLIE 240 CENTRAL PARK SOUTH SUITE 11N NEW YORK, NY 100191413 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sallie Massie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>4/1/05</i> <i>215751-6858</i> <small>Date Daytime Phone #</small>		