2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000001221

1. Entity Name
SIRATA BEACH RESORT LLC

Principal Place of Business	Mailing Address
5300 GULF BOULEVARD ST. PETE BEACH, FL 33706	5300 GULF BOULEVARD ST. PETE BEACH, FL 33706

DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0927559
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NICKLAUS, H. GREGG
5300 GULF BOULEVARD
ST. PETE BEACH, FL 33706

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000622716
02/13/07-80037-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NICKLAUS-BALL, LENNE
STREET ADDRESS	5300 GULF BOULEVARD
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	MGR
NAME	HVAL, VALERIE N
STREET ADDRESS	5300 GULF BOULEVARD
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	MGR
NAME	NICKLAUS, HARRY G
STREET ADDRESS	5300 GULF BOULEVARD
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	MGR
NAME	MORRISSEY, JOHN T
STREET ADDRESS	225 WEST 34TH STREET, SUITE 910
CITY-ST-ZIP	NEW YORK, NY 10122
TITLE	MGR
NAME	NICKLAUS, DEBORAH L
STREET ADDRESS	5300 GULF BOULEVARD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #