2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Block

FILED
05 JUN 29 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000003127
SANDESTIN ENTERTAINMENT, LLC

Principal Place of Business
9300 EMERALD COAST PARKWAY WEST
SANDESTIN, FL 32550

Mailing Address
9300 EMERALD COAST PARKWAY WEST
SANDESTIN, FL 32550

02682005 Chg-LLC CR2E083 (10/03)

3. Mailing Address
Suite Apt # etc
City & State
Zip
County

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CT 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

[illegible] 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 [illegible]

SIGNATURE [illegible] (NOTE: Registered Agent signature required when filing) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. CURRENT MEMBERS/MANAGERS

MGRM ☐ Delete
INTRAWEST SANDESTIN COMPANY, L.L.C.
9300 EMERALD COAST PARKWAY WEST
SANDESTIN, FL 32550

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

TITLE VP FINANCE ☑ Change ☐ Addition
NAME CHRIS SHERMAN
STREET ADDRESS 400 - 301 EAST PINE STREET
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE 400048320609 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 3/14/05 01076 001 55.00

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

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

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

[illegible] filed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information [illegible] is 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 [illegible] authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [illegible] 2/25/05
TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #