

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90046 004 \*\*\*\*50.00

<b>DOCUMENT # M04000004024</b>	
1. Entity Name <b>GRAND LAKE RV AND GOLF RESORT LLC</b>	

Principal Place of Business <b>6390 PLASTERMILL ROAD VICTOR, NY 14564</b>	Mailing Address <b>6390 PLASTERMILL ROAD VICTOR, NY 14564</b>
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2. Principal Place of Business <b>1170 Pittsford Victor Rd</b>	3. Mailing Address <b>PO Box 549</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pittsford NY</b>	City & State <b>Pittsford NY</b>
Zip <b>14534</b>	Zip <b>14534</b>
Country	Country

04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1653029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

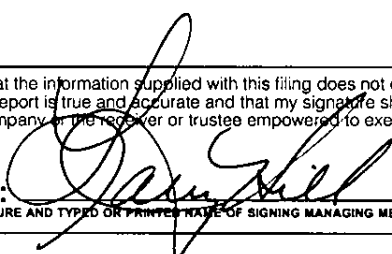
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TREMONT/MORGAN RV PARK FUND, LLC 6930 PLASTERMILL ROAD VICTOR, NY 14564</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO Box 549 Pittsford NY 14534</b> <input checked="" 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
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 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:**  **Larry Hill, Controller** 4128106 585-419-9630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #