FILED
Jul 30, 2007 8:00 am
Secretary of State

06-01-2007 90095 002 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001566

1. Entity Name
INTRAWEST IMAGINE HOSPITALITY MANAGEMENT, LLC

30012057

Principal Place of Business	Mailing Address
9300 EMERALD COAST PARKWAY WEST SANDESTIN, FL 32550	9300 EMERALD COAST PARKWAY WEST SANDESTIN, FL 32550
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0539822 APPLIED FOR ☐ 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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTRAWEST HOSPITALITY MANAGEMENT, INC. 221 CORPORATE CIRCLE, STE. Q GOLDEN, CO 80401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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.

Intrawest Imagine Hospitality Management, LLC
By Intrawest Hospitality Management Inc its sole member

SIGNATURE: By [signature]
SALLY DENNIS
CORPORATE SECRETARY

May 25, 2007 (604)669-9777
SIGNATURE OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

INTRAWEST

ATTACHMENT

300120057

M06000001566

July 24, 2007

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Dear Sirs and Mesdames,

INTRAWEST ULC

SUITE 800
200 BURRARD STREET
VANCOUVER, BC
CANADA V6C 3L6

TEL.604.669.9777
FAX.604.669.0605

Re: Intrawest Imagine Hospitality Management, LLC (the "Corporation")

Further to your letter dated June 5, 2007, please be advised that the Federal Employer Identification Number for the Corporation is 26-0539822.

If you have any questions, please do not hesitate to contact the undersigned.

Yours sincerely

INTRAWEST ULC

Yves Moisan
Corporate Paralegal