

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000734

1. Entity Name
INTRAWEST SANDESTIN COMPANY, L.L.C.



FILED

2004 MAR 17 PM 12:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
9300 HIGHWAY 98 WEST
DESTIN, FL 32541

Mailing Address
PO BOX 5178
DILLON, CO 80435

2. Principal Place of Business

301 East Pine Street
Ste. 450

3. Mailing Address

301 East Pine Street
Ste. 450

01282004 Chg-LLC CR2E083 (10/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3519637

Applied For

Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME INTRAWEST U.S. HOLDINGS INC.
STREET ADDRESS 325 LAKE DILLON DR.
CITY-ST-ZIP DILLON, CO 80435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME IntraWest U.S. Holdings Inc.
STREET ADDRESS 221 Corporate Circle, Ste Q
CITY-ST-ZIP Golden, CO 80401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300030707423
03/18/04--01019--005 **50.00

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David D. Kleinkopf, Ass. Sec. of Manager

Date

3/16/04

Daytime Phone #

303.685.4800