



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DATE 93 MAY -3 AM 11:02 mth 5/5	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company EPIC RESORTS MARKETING, LLC 1150 FIRST AVENUE, SUITE 900 KING OF PRUSSIA PA 19406 PRUSSIA		DOCUMENT # M98000001324		1a. Principal Place of Business Address 1150 FIRST AVENUE, SUITE 900 KING OF PRUSSIA PA 19406 PRUSSIA,	
2. Principal Place of Business 1150 FIRST AVENUE Suite, Apt. #, etc. SUITE 900 City & State KING OF PRUSSIA, PA. Zip 19406		2a. Mailing Address 1150 FIRST AVENUE Suite, Apt. #, etc. SUITE 900 City & State KING OF PRUSSIA, PA. Zip 19406		3. Date Organized or Qualified 10/05/98 10/19/1998 4. FEI Number 23-2982228 5. Date of Last Report 10/7/98	
				3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002867311 Suite, Apt. #, etc. 05/07/99 01097 007 ****197.50 ****197.50 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	EPIC RESORTS, LLC	1150 FIRST AVENUE, SUITE 900		KING OF PRUSSIA PA 19406	
MGRM	THOMAS F. FLATLEY	1150 FIRST AVENUE, SUITE 900		KING OF PRUSSIA, PA. 19406	
MGRM	SCOTT J. EGELKAMP	1150 FIRST AVENUE, SUITE 900		KING OF PRUSSIA, PA. 19406	
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		SECRETARY - TREASURER SCOTT J. EGELKAMP 2-18-99 610/992-0110			
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					