


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000000764</b> 1. Entity Name HOMOSASSA RIVERSIDE RESORT LLC	
--	---

Principal Place of Business 400 E. THIRD ST., SUITE 1 BLOOMINGTON, IN 47401	Mailing Address 5297 S. CHEROKEE WAY HOMOSASSA, FL 34448
---	--



01072005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 35-2075532	Applied For 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  OAKES, GAIL G 5297 S. CHEROKEE WAY HOMOSASSA, FL 34448
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLER, DONALD M P.O. BOX 744 BLOOMINGTON, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKER, RONALD L 435 OVERLOOK DR. MAGGIE VALLEY, NC 28751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OAKES, GAIL G 11130 E. HALLS RIVER RD. HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000364356 05/06/05-80041-002 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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:**  **3/23/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #