

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002052

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: RESORT MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

215 CELEBRATION PLACE, SUITE 200  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

215 CELEBRATION PLACE, SUITE 200  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 62-1740580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GREENE, WILSON  
Address: 215 CELEBRATION PLACE, SUITE 200  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: DAVIS, JEFFREY B  
Address: 215 CELEBRATION PLACE, SUITE 200  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: MATASKA, JIM  
Address: 215 CELEBRATION PLACE, SUITE 200  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILSON GREENE

MGR

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date