

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012075

1. Entity Name
FLORIDAYS ORLANDO VENTURES, LLC



Principal Place of Business

**73 S. PALM AVE.
SUITE 223
SARASOTA, FL 34236**

Mailing Address

**73 S. PALM AVE.
SUITE 223
SARASOTA, FL 34236**



DO NOT WRITE IN THIS SPACE

03132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1046265

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, ANGUS C
73 S. PALM AVE
SUITE 223
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 retitling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**U000000480833
04/11/06-80006-022 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NERBONNE NORTH DEVELOPMENT CORP.
73 S. PALM AVE., SUITE 223
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

Angus C. Rogers, Pres. 15 MAR 06 941 362-9377