

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 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**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

B. 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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000874647

04/11/08 00001 001 138.75

8. MANAGING MEMBERS/MANAGERS

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

Angus C. Rogers **ANGUS C. ROGERS** *pres* **2/20/08** **941-362-9377**

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

Date

Daytime Phone #