

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009115

**FILED**  
**May 08, 2008**  
**Secretary of State**

**Entity Name:** ALMOND VACATIONS, LLC

**Current Principal Place of Business:**

3315 MAGGIE BLVD.  
SUITE 1000  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

3315 MAGGIE BLVD.  
SUITE 1000  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 42-1533529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE ACCESS, INC.  
236 E. 6TH AVE.  
TALLAHASSEE, FL 32303 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: SLEE, CAROL L  
Address: 1026 ST. IVES COURT  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEANETTE Y. CARPENTER

DIR

05/08/2008

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