

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009115

**FILED**  
**Apr 27, 2009**  
**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: MGR      (X) Change ( ) Addition  
Name: SLEE, CAROL L  
Address: 4839 FIORAZANTE AVE.  
City-St-Zip: ORLANDO, FL 32839

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: CAROL L. SLEE

MGR

04/27/2009

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