

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007022

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: DISNEY DESTINATIONS, LLC

**Current Principal Place of Business:**

1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH BUENA VISTA STREET  
BURBANK, CA 915210586 US

**New Mailing Address:**

FEI Number: 59-3608084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, JEFFREY H  
1375 BUENA VISTA DRIVE,  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 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: RASULO, JAMES A  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: MGR ( ) Delete  
Name: REED, MARSHA L  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: MGR ( ) Delete  
Name: HANFORD, JAMES D  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: MGR ( ) Delete  
Name: HUNT, JAMES S  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: MGR ( ) Delete  
Name: BUETTNER, ANNE L  
Address: 500 SOUTH BUENA VISTA STREET  
City-St-Zip: BURBANK, CA 91521

Title: MGR ( ) Delete  
Name: SMITH, JEFFREY H  
Address: 1375 BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830

**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:

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 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: MARSHA L. REED

MGR

04/25/2006

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