2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008538

1. Entity Name WVC EXCHANGE, LLC

FILED May 02, 2006 08:00 AN Secretary of State

Principal Place of Business

TITLE

STREET ADDRESS CITY-ST-ZIP

O CAND LAVE DOAD CUITE COO

7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819 Mailing Address

7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819



DO NOT WRITE IN THIS SPACE

04202006 No Chg-LLC

4. FEI Number Applied For 59-3669273 Not Applied be

Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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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, typed or printed name of registered agont and title if applicable	(NOTE Registered Ag	ent signature required when reinstating)	DATE
iling Fee is \$50.00 ue by May 1, 2006			
MANAGING MEMBERS/MANAGERS			
MGRM			
TEMPUS RESORTS INT'L LTD			
7380 SAND LAKE ROAD, SUITE 600	- 1		
ORLANDO, FL 32819			
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	Signature, typed or printed name of registered agent and title if applicable liting Fee is \$50.00 we by May 1, 2006 MANAGING MEMBERS/MANAGERS MGRM TEMPUS RESORTS INT'L LTD 7380 SAND LAKE ROAD, SUITE 600	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent applicable (NOTE Registe	Signature, typed or printed name of registered agent and site if applicable INOTE Registered Agent signature required when reinstating) Illing Fee is \$50.00 WANAGING MEMBERS/MANAGERS MGRM TEMPUS RESORTS INT'L LTD 7380 SAND LAKE ROAD, SUITE 600 ORLANDO, FL 32819

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 eath, 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.

Required.

SIGNATURE:

| SIGNATURE: | SIGNATURE AND TYPED DISPRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Mbr | Date | Daylime Phone #