


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:10

DOCUMENT # L01000018785	
1. Entity Name CONDOMINIUM SALES COMPANY, LLC	

Principal Place of Business 1768 PARK CENTER DRIVE, SUITE 270 ORLANDO, FL 32835	Mailing Address 1768 PARK CENTER DRIVE, SUITE 270 ORLANDO, FL 32835
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2. Principal Place of Business - No P.O. Box # 1768 Park Center Drive	3. Mailing Address 1768 Park Center Drive
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32835	Country



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3753023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WHWW INC 390 NORTH ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TOWNSEND, DAVID J 1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700128282357 05/02/08--01003--005 **\$6175.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David J. Townsend, Mgr 4/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #