

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002133

1. Entity Name
FLORIDA WOW VILLAS, LLC



Principal Place of Business
**104 N. CHURCH ST.
KISSIMMEE, FL 34741-5055**

Mailing Address
**104 N. CHURCH ST.
KISSIMMEE, FL 34741-5055**



03092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3596496

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARK, BRIAN M ESQ.
104 N. CHURCH ST.
KISSIMMEE, FL 34741-5055**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**U00000088779
03/15/04-80064-024 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARGH, JENNIFER
STREET ADDRESS	36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN
CITY-ST-ZIP	NORFOLK UNITED KINGDOM, PE31 6PN

TITLE	AMGR
NAME	BARGH, PETER
STREET ADDRESS	36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN
CITY-ST-ZIP	NORFOLK UNITED KINGDOM, PE31 6PN

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Bargh **JENNIFER BARGH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 3/9/04 Daytime Phone # _____