2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# L02000002133

Entity Name: FLORIDA WOW VILLAS, LLC

Current Principal Place of Business:

104 N. CHURCH ST.
KISSIMMEE, FL 347415055

New Principal Place of Business:

Current Mailing Address:

104 N. CHURCH ST.
KISSIMMEE, FL 347415055

New Mailing Address:

FEI Number: 04-3596496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARK, BRIAN M ESQ.
104 N. CHURCH ST.
KISSIMMEE, FL 347415055 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/MEMBERS:

Title: MGR ( ) Delete
Name: BARGH, JENNIFER
Address: 36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN
City-St-Zip: NORFOLK UNITED KINGDOM, PE31 6PN

Title: AMGR ( ) Delete
Name: BARGH, PETER
Address: 36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN
City-St-Zip: NORFOLK UNITED KINGDOM, PE31 6PN

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BARGH, JENNIFER
Address: 36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN
City-St-Zip: NORFOLK, UK PE31 6PN

Title: MGRM (X) Change ( ) Addition
Name: BARGH, PETER
Address: 36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN
City-St-Zip: NORFOLK, UK PE31 6PN

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER BARGH MGR 04/06/2005

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