

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002133

Entity Name: FLORIDA WOW VILLAS, LLC

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

104 N. CHURCH ST.
KISSIMMEE, FL 347415055

New Principal Place of Business:

121 SUNNY OAK TRAIL
KISSIMMEE, FL 34746

Current Mailing Address:

104 N. CHURCH ST.
KISSIMMEE, FL 347415055

New Mailing Address:

3365 WEST VINE STREET
SUITE 207
KISSIMMEE, FL 34741

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:

BARGH, JENNIFER
3365 WEST VINE STREET
SUITE 207
KISSIMMEE, FL 34741 US

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: JENNIFER BARGH

02/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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: JENNIFER BARGH

MGR

02/24/2006

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