2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# L02000009115

Entity Name: ALMOND VACATIONS, LLC

Current Principal Place of Business:

4495 SW 35TH STREET, SUITE A
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4495 SW 35TH STREET, SUITE A
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 42-1533529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303 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: P ( ) Delete
Name: MALCOLM, ADAM P
Address: 8402 TIBET-BUTLER DR
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Delete
Name: FENDER, BOBBY G
Address: 907 3775 STREET
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MALCOLM, ADAM P
Address: 8402 TIBET-BUTLER DR
City-St-Zip: WINDERMERE, FL 34786

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 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: ADAM P MALCOLM P 06/30/2004

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