

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015036

Entity Name: MAGIC HOLIDAY VILLAS LLC

FILED  
Apr 19, 2005  
Secretary of State

**Current Principal Place of Business:**

14002 SAN MATEO  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14002 SAN MATEO  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 04-3690022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WOOLDRIDGE, JONNA  
14002 SAN MATEO  
ORLANDO, FL 32837 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: MGRM ( ) Delete  
Name: WOOLDRIDGE, JONNA  
Address: 14002 SAN MATEO COURT  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM ( ) Delete  
Name: HASLAM, STEVEN P  
Address: 4201 NEW BERN PLACE  
City-St-Zip: DURHAM, NC 27707 US

Title: MGRM ( ) Delete  
Name: WOOLDRIDGE, JERRY D  
Address: 14002 SAN MATEO COURT  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM ( ) Delete  
Name: HASLAM, MARTHA  
Address: 4201 NEW BERN PLACE  
City-St-Zip: DURHAM, NC 27707 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BELVA, DAVID G  
Address: 5121 LEATHERBACK ROAD  
City-St-Zip: WOODBRIDGE, VA 22193

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: JONNA WOOLDRIDGE

MGRM

04/19/2005

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