2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# L02000015036

Entity Name: MAGIC HOLIDAY VILLAS LLC

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 ( )**

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/MANAGERS:

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

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:	( ) 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: JONNA WOOLDRIDGE MGRM 03/14/2006

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