

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001529

Entity Name: RESORTQUEST ORLANDO, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

7799 STYLES BLVD
KISSIMMEE, FL 34747

New Principal Place of Business:

546 MARY ESTHER CUT-OFF NW
SUITE 3
FORT WALTON BEACH, FL 32548

Current Mailing Address:

8955 HWY 98 W
SUITE 203
DESTIN, FL 32550

New Mailing Address:

546 MARY ESTHER CUT-OFF NW
SUITE 3
FORT WALTON BEACH, FL 32548

FEI Number: 14-1873132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: REED, COLIN V
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: MGR () Delete
Name: FIORAVANTI, MARK
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CANNELLA, PHILIP M
Address: 315 PARK AVENUE SOUTH, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: MGR (X) Change () Addition
Name: ORLANDO, JOSEPH A
Address: 315 PARK AVENUE SOUTH, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP M. CANNELLA

MGR

04/28/2008

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