

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028804

FILED
Apr 19, 2006
Secretary of State

Entity Name: LITTLE HARBOR VACATIONS, LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE, SUITE 400
FORT MYERS, FL 33907

New Principal Place of Business:

12800 UNIVERSITY DRIVE
SUITE 400
FORT MYERS, FL 33907

Current Mailing Address:

12800 UNIVERSITY DRIVE, SUITE 400
FORT MYERS, FL 33907

New Mailing Address:

12800 UNIVERSITY DRIVE
SUITE 400
FORT MYERS, FL 33907

FEI Number: 20-0131077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, SCOTT W
37 NORTH ORANGE AVENUE, STE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 E
WEST PALM BEACH, FL 33401 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: MICHAEL MITRIONE

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: ROSEN, MICHAEL
Address: 12800 UNIVERSITY DR, STE 400
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: CORDELLO, DOUGLAS
Address: 12800 UNIVERSITY DR, STE 400
City-St-Zip: FORT MYERS, FL 33907

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: DOUGLAS J. CORDELLO

D

04/19/2006

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