

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041917 1. Entity Name LAKE BUENA VISTA VACATION RESORT, L.C.	
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Principal Place of Business C/O IRA C. HATCH, JR. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963	Mailing Address C/O IRA C. HATCH, JR. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963
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01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-0676131Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent HATCH, IRA C JR. C/O HATCH & DOTY, P.A. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

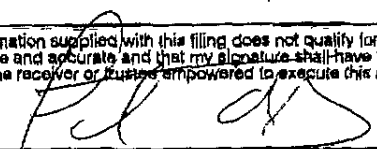
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**U00000344006
04/29/05-80120-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTON ORLANDO HOTEL, INC. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTON ORLANDO FIVE, INC. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTON ORLANDO PARK, INC. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #