## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000041917

Apr 25, 2008 Secretary of State

Entity Name: LAKE BUENA VISTA VACATION RESORT, L.C.

**New Principal Place of Business: Current Principal Place of Business:** 14344 ST. RD. 535 ORLANDO, FL 32821 **Current Mailing Address: New Mailing Address:** P.O. BOX 22195 LAKE BUENA VISTA, FL 32830 FEI Number: 20-0676131 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARULANDA, PABLO 14344 STATE ROAD 535 ORLANDO, FL 32821 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WESTON ORLANDO HOTEL, , INC. Name: Name: Address: P.O. BOX 22195 Address: City-St-Zip: LAKE BUENA VISTA, FL 32830 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: WESTON ORLANDO FIVE,, INC. Name: Address: P.O. BOX 22195 Address: City-St-Zip: LAKE BUENA VISTA, FL 32830 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WESTON ORLANDO PARK,, INC. Name: Name: Address: P.O. BOX 22195 Address: City-St-Zip: ORLANDO, FL 32830 City-St-Zip:

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: PABLO MARULANDA MGR 04/25/2008