

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041917

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7901 KINGS POINT PARKWAY  
ORLANDO, FL 32819

**New Principal Place of Business:**

1350 SHEELER AVENUE  
B2  
APOPKA, FL 32707

**Current Mailing Address:**

P.O. BOX 22195  
LAKE BUENA VISTA, FL 32830

**New Mailing Address:**

**FEI Number:** 20-0676131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARULANDA, PABLO  
7901 KINGS POINT PARKWAY  
SUITE # 8  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

MARULANDA, PABLO  
1350 SHEELER AVENUE  
B2  
APOPKA, FL 32707 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: PABLO MARULANDA

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WESTON ORLANDO HOTEL, INC.  
Address: P.O. BOX 22195  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: MGRM  
Name: WESTON ORLANDO FIVE, INC.  
Address: P.O. BOX 22195  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: MGRM  
Name: WESTON ORLANDO PARK, INC.  
Address: P.O. BOX 22195  
City-St-Zip: ORLANDO, FL 32830

I hereby 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

MGRM

04/30/2012

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