2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 08, 2007 08:00 AN Secretary of State DOCUMENT # L04000025585 1. Entity Namo SKI WORLD LLC Principal Place of Business 1413 N. ORANGE AVENUE 1413 N. ORANGE AVENUE ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito, Apt. #, etc. CR2E083 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 20-1069542 Not Applicable Zip Country Żip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CHADWICK, MICHAEL. Street Address (P.O. Box Number is Not Acceptable) 1413 N. ORANGE AVE. ORLANDO FL 32804 City Zip Code FL 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, typed or printed name of registered agesi and little it applicable. (NOTE: Registered Agent signifilitie required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. HHE ☐ Delete Change Addition U00000628045 CHADWICK, MICHAEL 02/15/07-80084-017 50.00 STREET ADDRESS 1413 N. ORANGE AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CHY-S1-ZIP ☐ Delete Change Addition 11111 TITLE NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THTLE Change ☐ Addition HHE ☐ Defete NAME NAMI STREET ADDRESS STREET ADDRESS CHY+GI-ZIP Citi-Si-7# = ☐ Delete TITLE ☐ Change HDE ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete Hitt Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete HILL HILE ☐ Change ☐ Addition ИАМГ NAMI SIDEET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutos. 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 eath; 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

Date

Daytime Phone #

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