


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000035997</b> 1. Entity Name <b>FREEDOM RESORT MANAGEMENT, LLC.</b>	
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>8600 WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34747</b>	Mailing Address <b>8600 WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34747</b>
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1118283</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VISTA PROS, LLC  
222 S PENNSYLVANIA AVE SUITE 200  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VISTA PROS, LLC 222 S PENNSYLVANIA AVE #222 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACKS, BENNY 8600 W IRLO BRONSON HWY KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000475205  
04/05/06-80006-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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 608, Florida Statutes.

SIGNATURE: RSallu 3/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #