## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AN
Secretary of State

| ANNUAL REPORT   |   |        |                       |   | 11, 2007 08:00  |
|---|---|--------|-----------------------|---|---|
| DOCUMENT # L04000035997  1. Entity Name FREEDOM RESORT MANAGEMENT, LLC.   |   |        |                       | S   | ecretary of Sta   |
| Principal Place of Business Mailing Address  8600 WEST IRLO BRONSON HWY 192 8600 WEST IRLO BRONSON H KISSIMMEE, FL 34747 KISSIMMEE, FL 34747  |   | WY 192 |                       |   |   |
| DO NOT WRITE IN THIS SPA  |   |        | CE                    | 01052007 No Chg-LLC  4. FEI Number 20-1118283  5. Certificate of Status Desired | CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required |
| VISTA PROS, LLC<br>222 S PENNSYLVANIA AVE SUITE 200<br>WINTER PARK, FL 32789  |   |        |                       | DO NOT WI   |   |
| the obliga  | Signature, typed or printed name of registered age filling Fee is \$50.00 lue by May 1, 2007  |        | ed office or register | when reinstaung)  | DATE  |
| 9.  ISTUE NAME STREET ADDRESS CAY-ST-ZIP BILE NAME STREET ADDRESS CAY-ST-ZIP FILE NAME STREET ADDRESS | MANAGING MEMI MGR VISTA PROS, LLC 222 S PENNSYLVANIA AVE #; WINTER PARK, FL 32789 VP LACKS, BENNY 8600 W IRLO BRONSON HWY KISSIMMEE, FL 34747 | 222    |                       | DO NOT WI   |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 vustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/8/07

Daytime Phone #