

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040516

Entity Name: ULTIMATE RESORT, LLC

FILED  
Jul 17, 2007  
Secretary of State

**Current Principal Place of Business:**

3501 W. VINE STREET, STE. 335  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

3501 W. VINE STREET, STE. 225  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3501 W. VINE STREET, STE. 335  
KISSIMMEE, FL 34741

**New Mailing Address:**

3501 W. VINE STREET, STE. 225  
KISSIMMEE, FL 34741

FEI Number: 20-1237685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BLODIG, GREGORY J  
100 W. CYPRESS CREED ROAD, STE. 700  
FORT LAUDERDALE, FL 33309      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CASTLEROCK PARTNERS., LLC  
Address: 3501 W. VINE STREET, STE. 335  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: CASTLEROCK PARTNERS., LLC  
Address: 3501 W. VINE STREET, STE. 225  
City-St-Zip: KISSIMMEE, FL 34741

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: PHIL CALLAGHAN

CFO

07/17/2007

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