2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

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Entity Name: FILKRIS FLORIDA VACATION SUITES, LLC

Current Principal Place of Business:

1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

New Principal Place of Business:

115 HENUE COURT
DAVENPORT, FL 33896 US

Current Mailing Address:

1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

New Mailing Address:

115 HENUE COURT
DAVENPORT, FL 33896 US

FEI Number: 98-0440471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALMON, PHILIP
115 HENUE COURT
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: SALMON, PHILIP
Address: 1401 BRICKELL AVENUE, STE 500
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete
Name: SALMON, CHRISTINE
Address: 1401 BRICKELL AVENUE, STE 500
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALMON, PHILIP
Address: 115 HENUE COURT
City-St-Zip: DAVENPORT, FL 33896 US

Title: MGRM (X) Change ( ) Addition
Name: SALMON, CHRISTINE A
Address: 115 HENUE COURT
City-St-Zip: DAVENPORT, FL 33896 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP SALMON MGRM 03/13/2007

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