

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055311

Entity Name: OFF2FLORIDA2, LLC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

4 FOYE LANE, CHURCH CROOKHAM
FLEET, HAMPSHIRE, UK GU52 8UP

New Principal Place of Business:

Current Mailing Address:

1105 ANGELA RIDGE COURT
C/O HOLIDAYS IN FLORIDA
KISSIMMEE, FL 34747

New Mailing Address:

10256 MALLARD LANDINGS WAY
NORTH SHORE AT LAKE HART
ORLANDO, FL 32832

FEI Number: FEI Number Applied For (X) 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:

THOMAS, MARIA A
215 CELEBRATION PLACE
SUITE 170 (CFSE)
KISSIMMEE, FL 34747 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: MGR () Delete
Name: HARDY, GRAHAM W
Address: 4 FOYE LANE CHURCH CROOKHAM
City-St-Zip: FLEET, HANTS UNITED KINGDOM, GU528UP

Title: MGR () Delete
Name: HARDY, HEATHER M
Address: 4 FOYE LANE CHURCH CROOKHAM
City-St-Zip: FLEET, HANTS UNITED KINGDOM, GU528UP

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GRAHAM HARDY

MGR

05/05/2006

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