

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071128

**FILED**  
**Mar 12, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA VACATION VILLAS USA, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 185  
ORMSKIRK, UK L394WW UK

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 310  
PALMER, PR 00721 US

**New Mailing Address:**

2064 HEMINGWAY AVENUE  
HAINES CITY, FL 33844 US

**FEI Number:** 20-1711403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAWSON, ANDREW  
146 GREELEY LOOP  
DAVENPORT, FL 33897 US

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

DAWSON, ANDREW  
2064 HEMINGWAY AVENUE  
HAINES CITY, FL 33844 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:

03/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP ( ) Delete  
Name: DAWSON, ANDREW M VP  
Address: 146 GREELEY LOOP  
City-St-Zip: DAVENPORT, FL 33897 US

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: DAWSON, ANDREW M VP  
Address: 2064 HEMINGWAY AVENUE  
City-St-Zip: HAINES CITY, FL 33844 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: ANDREW DAWSON

VP

03/12/2006

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