

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000725

FILED
May 10, 2006
Secretary of State

Entity Name: ORLANDO RESORT PROPERTIES, LLC

Current Principal Place of Business:

8467 GUNSTON HALL CT.
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

8467 GUNSTON HALL CT.
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-2112374 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:

FULLILOVE, IAN R
8467 GUNSTON HALL CT.
WINDERMERE, FL 34786 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: MGRM () Delete
Name: FULLILOVE, IAN R
Address: 8467 GUNSTON HALL CT.
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: FULLILOVE, CARI L
Address: 8467 GUNSTON HALL CT.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Change (X) Addition
Name: HASLIP, BOB
Address: 5432 NAGAMI DR
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Change (X) Addition
Name: HASLIP, LULITA
Address: 5432 NAGAMI DR
City-St-Zip: WINDERMERE, FL

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: IAN FULLILOVE

MGRM

05/10/2006

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