2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 17, 2006 8:00 am Secretary of State DOCUMENT # L05000006133 02-27-2006 90433 043 ****50.00 TRAFALGAR VILLAGE RESORT SERVICES, L.L.C. Principal Place of Business 2925 WILLOW CREEK LANE KISSIMMEE FL 34741 2925 WILLOW CREEK LANE KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 20 - 2195613 Applied For City & State City & State Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BISHOP, PEGGY J Street Address (P.O. Box Number is Not Acceptable) 2925 WILLOW CREEK LANE KISSIMMEE FL 34741 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. --SIGNATURE Signature, typed or printed name of registered legant and title it applicable. (NOTE: Registered Agent signature required when reinstlying) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TILLE ☐ Delete TITLE ☐ Change Addition MGRM NAME NAME BISHOP, WILLIAM P II STREET ADDRESS STREET ADDRESS 171 CEDARPARK LANE CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33837 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Deleta TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition □ Deletæ TITLE ΠΠΕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z:P ☐ Change ■ Addition TITLE ☐ Delate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. 2-17-06

OFFI NAME OF SUGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

TRAFALGAR VILLAGE RESORT SERVICES, L.L.C. 2925 WILLOW CREEK LANE KISSIMMEE, FL 34741

Subject: TRAFALGAR VILLAGE RESORT SERVICES, L.L.C.

Reference Number:

LU3000000153

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION