

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000006133

1. Entity Name

TRAFALGAR VILLAGE RESORT SERVICES, L.L.C.



Principal Place of Business

2501 OLD KENT CIR  
KISSIMMEE, FL 34758

Mailing Address

2501 OLD KENT CIR  
KISSIMMEE, FL 34758



01212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2195613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, PEGGY J  
2925 WILLOW CREEK LANE  
KISSIMMEE, FL 34741

**DO NOT WRITE  
IN THIS SPACE**

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000628048  
02/15/07-80086-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BISHOP, WILLIAM P II  
171 CEDARPARK LANE  
DAVENPORT, FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BISHOP, PEGGY J  
2925 WILLOW CREEK LN  
KISSIMMEE, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BISHOP, WILLIAM P  
2925 WILLOW CREEK LN  
KISSIMMEE, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: William P. Bishop William P. Bishop

2-6-07

407-518-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #