## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 30, 2007 8:00 am Secretary of State DOCUMENT #L05000033397 03-30-2007 90036 012 \*\*\*\*50.00 RUNÁWAY BEACH CLUB HOLDINGS, LLC **ԻԱՍՆՍԵ**ՆՆ Principal Place of Business Mailing Address 3000 BONFIRE BEACH DRIVE 3000 BONFIRE BEACH DRIVE KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 25-1920814 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONATHAN J. LICHTMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete Addition ☐ Channe RUNAWAY BEACH CLUB MANAGEMENT, INC. NAME NAME STREET ADDRESS 3000 BONFIRE BEACH DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP MGRM TITLE XX Delete TITLE ☐ Change ☐ Addition MORRIS, SCOTT NAME NAME STREET ADDRESS 3000 BONFIRE BEACH DR STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-7IP CITY-SI-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE Delete TITLE ☐ Change ☐ Addition nâme NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 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. BEAC# (CLUB MANAGEMENT, INC.

By: Barry Berkowitz, Vice President

GNIÑG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

(561) 265-1390

Daytime Phone #