

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035701

FILED
Jan 25, 2008
Secretary of State

Entity Name: MANDALAY HARBOR VACATIONS, LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE
SUITE 400
FT. MEYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE
SUITE 400
FT. MEYERS, FL 33907

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: CORDELLO, DOUG J
Address: 12800 UNIVERSITY DR. #400
City-St-Zip: FT. MEYERS, FL 33907

Title: MGR () Delete
Name: POCKRUS, ALEX
Address: 12800 UNIVERSITY DR. #400
City-St-Zip: FT. MEYERS, FL 33907

Title: MGR () Delete
Name: ROSEN, MICHAEL E
Address: 12800 UNIVERSITY DR. #400
City-St-Zip: FT. MEYERS, FL 33907

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS J. CORDELLO

MGR

01/25/2008

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