

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038325

FILED  
Aug 17, 2006  
Secretary of State

Entity Name: KALEIDASCOPE RESORTS, LLC

## Current Principal Place of Business:

2550 ASTER COVE LN  
KISSIMMEE, FL 34758 US

## New Principal Place of Business:

## Current Mailing Address:

2553 ASTER COVE LN  
KISSIMMEE, FL 34758 US

## New Mailing Address:

FEI Number: 26-0113551      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:

RAMSAROOP, NIGEL  
2553 ASTER COVE LN  
KISSIMMEE, FL 34758 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: RAMSAROOP, RAMDEO  
Address: 2553 ASTER COVE LN  
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGR ( ) Delete  
Name: RAMSAROOP, JOAN C  
Address: 2553 ASTER COVE LN  
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGRM ( ) Delete  
Name: RAMSAROOP, JOEL  
Address: 2553 ASTER COVE LN  
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGRM ( ) Delete  
Name: RAMSAROOP, NOEL  
Address: 2553 ASTER COVE LN  
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGRM ( ) Delete  
Name: RAMSAROOP, JOANNEE  
Address: 2553 ASTER COVE LN  
City-St-Zip: KISSIMMEE, FL 34758 US

## 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:

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 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: RAMDEO RAMSAROOP

MGR

08/17/2006

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