

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 036 ****55.00

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04192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000053838 1. Entity Name WELLINGTON VACATIONS, LLC					
Principal Place of Business 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180 US			Mailing Address 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180 US		
2. Principal Place of Business - No P.O. Box # 401 E Las Olas Blvd Suite, Apt. #, etc. 1180		3. Mailing Address 401 E Las Olas Blvd Suite, Apt. #, etc. 1180		4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
City & State Ft Lauderdale, FL		City & State Ft Lauderdale FL			
Zip 33301		Country U.S.A.			
6. Name and Address of Current Registered Agent GOLDBERG, JEREMY 19495 BISCAYNE BLVD SUITE 501 AVENTURA, FL 3380				7. Name and Address of New Registered Agent Name FRANK L DIAZ P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY, 6th FL City MIAMI, FL Zip Code 33145	
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 <u>frank Diaz</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, JEREMY 19495 BISCAYNE BLVD AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOURI, DAVID 19495 BISCAYNE BLVD AVENTURA, FL 33180 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Hour 401 E. Las Olas Blvd # 1180 Fort Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	<small>Daytime Phone #</small>