2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
01-17-2008 90057 022 ***143.75

DOCUMENT # L05000094256

1. Entity Name
CONDO RESORT REVENUE MANAGEMENT CO., L.L.C.

Principal Place of Business	Mailing Address
8536 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34747	8536 WEST IRLO BRONSON HIGHWAY KISSIMMEE, FL 34747

30002340

01112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3000 MAINGATE LANE		3000 MAINGATE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KISSIMMEE, FL		City & State: KISSIMMEE, FL	
Zip: 34747	Country: US	Zip: 34747	Country: US

4. FEI Number: 20-4236795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
PRESTON, EDWARD
8536 W IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

7. Name and Address of New Registered Agent
Name: PRESTON, EDWARD
Street Address (P.O. Box Number is Not Acceptable): 3000 MAINGATE LANE
City: KISSIMMEE FL Zip Code: 34747

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] 1/11/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MR.	☑ Delete
NAME	SHAH, ANUP	
STREET ADDRESS	8536 W. IRLO BRONSON HIGHWAY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	MANAGING MEMBER	☐ Delete
NAME	SHAH ANUP	
STREET ADDRESS	3000 MAINGATE LANE	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: [signature] 1/11/08 4073900881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #