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FILED
Mar 17, 2008 8:00 am
Secretary of State

01-17-2008 90057 022 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000094256

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

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

Mailing Address
8536 WEST IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

30002340

01112008 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address
3000 MAINGATE LANE
Suite, Apt. #, etc.
City & State: KISSIMMEE, FL
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: _____ DATE: 1/11/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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