
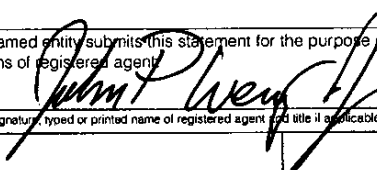
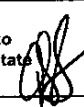
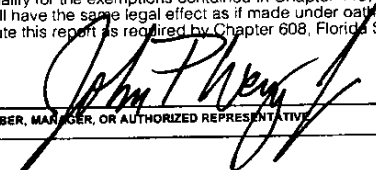


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAR 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000096308 1. Entity Name TIMESHARES BY OWNER OF FLAGLER BEACH LLC					
Principal Place of Business 212 S. CENTRAL AVE. SUITE B FLAGLER BEACH, FL 32136 US			Mailing Address 20 SEA FLOWER PATH PALM COAST, FL 32164 US		
2. Principal Place of Business - No P.O. Box # 2334 E. HWY 100		3. Mailing Address 20 SEA FLOWER PATH			
Suite, Apt. #, etc. 6 D		Suite, Apt. #, etc. 			
City & State BUNNELL, FL		City & State PALM COAST, FL		4. FEI Number 20-3507106	
Zip 32110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WENZ, JOHN P JR. 212 S. CENTRAL AVE. SUITE B FLAGLER BEACH, FL 32136		7. Name and Address of New Registered Agent Name JOHN P WENZ JR. Street Address (P.O. Box Number is Not Acceptable) 20 SEA FLOWER PATH City PALM COAST FL Zip Code 32164			
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 3/15	
Amended AR is \$50.00				Make check payable to Florida Department of State 	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENZ, SAMANTHA 20 SEA FLOWER PATH PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN P. WENZ, JR. 20 SEA FLOWER PATH PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400095246184 03/29/07--01050--014 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: JOHN P. WENZ, JR. 				Date 3/15 Daytime Phone # (386) 437 0122	