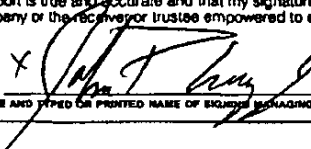


FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90019 025 ***150.00

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000096308			
1. Entity Name TIMESHARES BY OWNER OF FLAGLER BEACH LLC			
Principal Place of Business 2334 E HWY 100 6D BUNNELL, FL 32110 US		Mailing Address 20 SEA FLOWER PATH PALM COAST, FL 32164 US	
2. Principal Place of Business - No P.O. Box # 100 ANDERSON		3. Mailing Address P.O. Box 898	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BUNNELL, FL		City & State BUNNELL, FL	
Zip 32110		Zip 32110	
Country USA		Country USA	
4. FEI Number 20-3507106		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WENZ, JOHN P JR. 20 SEA FLOWER PATH PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6 RIVER PLACE 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 _____ (NOTE: Registered Agent signature required when reappointing) 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WENZ, JOHN P JR 20 SEA FLOWER PATH PALM COAST, FL 32164 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WENZ, JOHN P JR 6 RIVER PLACE PALM COAST, FL 32164 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  JOHN P WENZ, JR X		(386) 437 0122	