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

60039976

Principal Place of Business	Mailing Address
2334 E HWY 100 6D BUNNELL, FL 32110 US	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 Country: USA	Zip: 32110 Country: USA

03102008 Chg-LLC CR2E083 (12/06)

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 ______
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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	WENZ, JOHN P JR		NAME	WENZ JOHN P JR	
STREET ADDRESS	20 SEA FLOWER PATH		STREET ADDRESS	6 RIVER PLACE	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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
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: X [signature] JOHN P WENZ JR X (386) 437 0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #