## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000022660  1. Entity Name LAKE BUENA VISTA VACATION RESORT II, L.C.			FILED
Principal Place of Business 1701 HIGHWAY A1A, SUITE 220 C/O IRA C. HATCH, IR. VERO BEACH, FL 32963	Mailing Address 1701 HIGHWAY A1A, SU C/O IRA C. HATCH, JR. VERO BEACH, FL 3296		2001 MAY 24 P 4: 47  SECRETARY OF STATE
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		THE CONTRACT AND BEING BURN COME THAT BEING BOOK THAT WHILE BRANC BRANCH IN THE COME
Suite, Apt. #, etc.	Suite, Apt. #, etc.		05032007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Applied For 20-8635957 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  OCH  OCH  Street Address (P.O. Box Number is Not Acceptable)  VERO BEACH, FL 32963  City ero Beach  FL Zio20963  8. The above named actity 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, good or printed name of registered agent	Schwar- and title if applicable. (NOTI	E. Registered Agent signature requ	ired when reinstating) DATE
Amended AR is \$50.00			Make check payable to Florida Department of State
9. MANAGING MEMBE  TITLE MGR  NAME LAKE BUENA VISTA DEVELOP  STREET ADDRESS 1701 HIGHWAY A1A, SUITE 220  CITY-SI-ZIP VERO BEACH, FL 32963	☐ Defele	10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGES
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-SI-ZIP	100103590151 05/31/0701002019 **50.00
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-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	☐ Defele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. Thereby 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 I mited liability company or the receiver or trustee emproyaged to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 5/7/07 772. 234. 4711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daysing Phone #			