FILED
May 29, 2007 8:00 am
Secretary of State
05-03-2007 90258 024 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000025944

1. Entity Name
DISCOUNT VACATION RESORTS LLC

Principal Place of Business	Mailing Address
~~2061 PAIGE AVE~~ ~~NEW SMYRNA BEACH, FL 32168 US~~	~~2081 PAIGE AVE~~ ~~NEW SMYRNA BEACH, FL 32168 US~~
2. Principal Place of Business - No P.O. Box #: 6 Palm Drive	3. Mailing Address: 6 Palm Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, FL	City & State: New Smyrna Beach, FL
Zip: 32169 Country:	Zip: 32169 Country:

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4453581 — Applied For / Not Applicable

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
KELSEY, VIRGINIA A ~~1993 SUGARTREE CIRCLE~~ 6 Palm Dr NEW SMYRNA BEACH, FL ~~32168~~ 32169	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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: Virginia Kelsey — DATE: 04-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete KELSEY, VIRGINIA A ~~1993 SUGARTREE CIRCLE~~ 6 Palm Dr. NEW SMYRNA BEACH, FL ~~32168~~ 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete DAVIS, JEFFREY C ~~1993 SUGARTREE CIRCLE~~ 6 Palm Dr NEW SMYRNA BEACH, FL ~~32168~~ 32169	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
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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: Virginia Kelsey — 04-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Virginia Kelsey 05-26-07