

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043061

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** ANASTASIA RESORTS MANAGEMENT LLC

**Current Principal Place of Business:**

1383 SIERRA CIRCLE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

4139 WEST VINE STREET, SUITE 105  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P.O. BOX 453501  
KISSIMMEE, FL 34745

**New Mailing Address:**

4139 WEST VINE STREET, SUITE 105  
KISSIMMEE, FL 34741

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOMOROV, SERGEY  
7800 W. SANDLAKE RD  
SUITE 207  
ORLANDO, FL, FL 32819 US

**Name and Address of New Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

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.

SIGNATURE: PAUL SMITH V.P.

02/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZAHHAROVA, STACY  
Address: 1383 SIERRA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ZAHHAROVA, ANASTASSIA  
Address: 4139 WEST VINE STREET, SUITE 105  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANASTASSIA ZAHHAROVA

MGR

02/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date