

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056615

FILED
Jan 19, 2009
Secretary of State

Entity Name: PALATIAL DESTINATIONS - LA BRISE, LLC

Current Principal Place of Business:

718 PARK AVENUE
BEAVER DAM, WI 53916 US

New Principal Place of Business:

Current Mailing Address:

200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-4978642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EBERLE, ADAM R MEMBER
Address: W1446 BEAR TRAIL RD
City-St-Zip: GLEASON, WI 54435

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEDBERG, RICHARD E MEMBER
Address: 718 PARK AVENUE
City-St-Zip: BEAVER DAM, WI 53916

Title: MGR () Change (X) Addition
Name: MCMASTER, JAMES MEMBER
Address: 655 MCDONOUGH ROAD
City-St-Zip: HAMPTON, GA 30228

Title: MGR () Change (X) Addition
Name: SCOTT, NORMAN MEMBER
Address: 1000 SEA MOUNTAIN WAY
City-St-Zip: N MYRTLE BEACH, SC 29582

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD E HEDBERG

MGR

01/19/2009

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