2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000098326 1. Entity Name RAVALLO RESORT DEVELOPMENT COMPANY, LLC							04-30-200	7 90173 001 ***1	00.00	
Principal Place of Business 1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32835 Mailing Address 1768 PARK CENTER DRIV ORLANDO, FL 32835					ITE 400					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03282007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State		4. FEI Numb	per	r ¬ <u> </u>	oplied For		
Zip	Country		Zip	Country		5. Certificati	e of Status Desired	\$5.00 Add Fee Require		
. <u> </u>	6. Name	and Address of Curre	nt Registered Agent			7. Name an	d Address of New I	Registered Agent		
A.G.C. CO. 200 S. ORANGE AVENUE, SUITE 2300			•	Name Street Address (ace (P.O. Poy Numb	(P.O. Box Number is Not Acceptable)			
ORLANDO,			J		Street Addre	ess (F.O. BOX NUME				
					City			FL Zip Cod	le	
8. The above r	named entit	y submits this statement	for the purpose of changing it	s register	ed office or reg	gistered agent, or be	oth, in the State of Fl		and accept	
SIGNATURE _		or printed name of registered age	and tale of applicable (NO	TE: Segistare	d Apost signature to	equired when reinstating)		DATE		
		or printed rimine at registered age	mit direction approache. (100	IC. HOUSING	o vident signature re	science whom removed in the		DATE		
						_				
		is \$50.00 y 1, 2007						ke check payable to a Department of Stat	e	
		y 1, 2007	BERS/MANAGERS	10.				a Department of Stat	e	
9. TITLE		y 1, 2007	BERS/MANAGERS	10. TITL		Manager	Florid	a Department of Stat	Addition	
9.		y 1, 2007		TITLI NAM STRE	E ET ADDRESS	Manager David J. 1 1768 Park Orlando. J	ADDITIONS Cownsend Center Dr	A Department of Stat	Addition	
9. TITLE NAME STREET ADDRESS		y 1, 2007		TITLI NAM STRE CITY TITLI NAM STRE	E ET ADORESS - ST- ZIP	David J. 7	ADDITIONS Cownsend Center Dr	Department of Stat	Addition	
9. III'LE NAME SIREET ADDRESS CITY-ST-ZIP III'LE NAME SIREET ADDRESS		y 1, 2007	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	E ET ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP	David J. 7	ADDITIONS Cownsend Center Dr	Department of State /CHANGES Change ive, Suite 4(Addition	
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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daylor Phone #