

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# L06000103994

Entity Name: WESTGATE 55, LLC

**Current Principal Place of Business:**

5601 WINDHOVER DRIVE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5601 WINDHOVER DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BLODIG, GREGORY J  
GREENSPOON MARDER, P.A.  
100 W CYPRESS CREEK RD STE 700  
FT LAUDERDALE, FL 33309 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      WESTGATE RESORTS, INC  
Address:                      5601 WINDHOVER DRIVE  
City-St-Zip:                      ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS F. DUGAN

TREA

05/01/2009

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