FILED
Apr 21, 2008 8:00 am
Secretary of State

03-26-2008 90115 002 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000050303

1. Entity Name
LENOX HOLIDAYS, LLC.

30004454

Principal Place of Business	Mailing Address
~~7801 W IRLO BRONSON MEM HWY~~ STE B ~~KISSIMMEE, FL 34747~~	~~7801 W IRLO BRONSON MEM HWY~~ STE B KISSIMMEE, FL 34747

03182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10201 Emerald Woods Av	10201 Emerald Woods
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl.	City & State: Orlando Fl.
Zip: 32836 Country: USA	Zip: 32836 Country: USA

4. FEI Number: 51-0637603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXON, DAVID R ESQ
201 EAST PINE STE 500
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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 ________ 3/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENOX, KATHRYNE ~~7801 W IRLO BRONSON MEM HWY STE B~~ KISSIMMEE, ~~FL~~ 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lenox, Kathryne 10201 Emerald Woods Ave Orlando Fl. 32836	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENOX, DAVID R ~~7801 W IRLO BRONSON MEM HWY~~ STE B KISSIMMEE, ~~FL~~ 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lenox, David R 10201 Emerald Woods Ave Orlando Fl. 32836	☒ Change ☐ Addition
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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: Kathryne M. Lenox 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #