

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

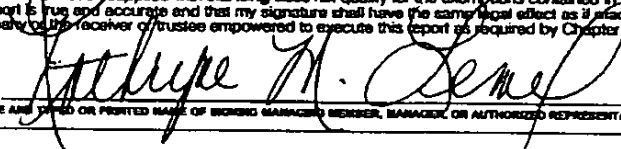
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Apr 21, 2008 8:00 am
Secretary of State

03-26-2008 90115 002 ***138.75

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03182008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000050303			
1. Entity Name LENOX HOLIDAYS, LLC.			
Principal Place of Business 7801 WIRLO BRONSON MEM HWY STE B KISSIMMEE, FL 34747		Mailing Address 7801 WIRLO BRONSON MEM HWY STE B KISSIMMEE, FL 34747	
2. Principal Place of Business - No P.O. Box # 10201 Emerald Woods Ave		3. Mailing Address 10201 Emerald Woods Ave	
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 ☐		Additional Fee Required \$5.00	
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 a registered agent.			
SIGNATURE 		DATE 3/10/08	
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 ☐ Delete 7801 WIRLO BRONSON MEM HWY STE B KISSIMMEE, FL 34747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Lenox, Kathryn ☒ Change ☐ Addition 10201 Emerald Woods Ave Orlando FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LENOX, DAVID R ☐ Delete 7801 WIRLO BRONSON MEM HWY STE B KISSIMMEE, FL 34747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRH Lenox, David R ☒ Change ☐ Addition 10201 Emerald Woods Ave Orlando FL 32836
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 508, Florida Statutes.			
SIGNATURE: 		DATE: 3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	