2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L07000050303

Entity Name: LENOX HOLIDAYS, LLC.

Current Principal Place of Business:

7801 W IRLO BRONSON MEM HWY STE B
KISSIMMEE, FL 34747

New Principal Place of Business:

10201 EMERALD WOODS AVENUE
ORLANDO, FL 32836

Current Mailing Address:

7801 W IRLO BRONSON MEM HWY STE B
KISSIMMEE, FL 34747

New Mailing Address:

10201 EMERALD WOODS AVENUE
ORLANDO, FL 32836

FEI Number: 51-0637603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXON, DAVID R ESQ
201 EAST PINE STE 500
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: LENOX, KATHRYNE
Address: 10201 EMERALD WOODS AVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete
Name: LENOX, DAVID R
Address: 10201 EMERALD WOODS AVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

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

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: DAVID LENOX MGRM 02/26/2009

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