

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083359

FILED
Jan 06, 2009
Secretary of State

Entity Name: IPG WORLDWIDE RESORTS, LLC

Current Principal Place of Business:

9550 WEST US HWY 192
CLERMONT, FL 34711

New Principal Place of Business:

9550 WEST US HWY 192
CLERMONT, FL 34714

Current Mailing Address:

PO BOX 862067
MARIETTA, GA 30062

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, SCOTT P ESQ
100 SOUTH ASHLEY DRIVE STE 1900
TAMPA, FL 336025311 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: GREENE, GRAHAM D
Address: 9550 WEST US HWY 192
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: WHEATLEY, BARRIE
Address: 9020 TAVOLINI TERRACE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: LIDDELL, PHILIPPA
Address: 5218 VISTAMERE CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREENE, GRAHAM D
Address: 9550 WEST US HWY 192
City-St-Zip: CLERMONT, FL 34714

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: GRAHAM D GREENE

MGR

01/06/2009

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