2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# L07000114513

Entity Name: BIG WORLD VILLAS SALES & MARKETING LLC

Current Principal Place of Business:

6451 N FEDERAL HIGHWAY
STE 1200
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6451 N FEDERAL HIGHWAY
STE 1200
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-1395610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDOLFI, KIM
8068 ROSE MARIE CIRCLE
BOYNTON BEACH, FL 33472 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: MGRM ( ) Delete
Name: RADZIKOWSKI, DEREK B
Address: 3700 S OCEAN BLVD #304
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM ( ) Delete
Name: DESMOND, JASON
Address: 3821 NE 16TH TERRACE
City-St-Zip: FT LAUDERDAL, FL 33334

Title: MGRM ( ) Delete
Name: CASSIN, MICHAEL
Address: 65 SE 5TH AVE APT G
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

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

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: DEREK RADZIKOWSKI MGRM 02/21/2008

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