2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000123458

Entity Name: STAY KISSIMMEE VACATION VILLAS, LLC

Current Principal Place of Business:

1768 PARK CENTER DRIVE
SUITE 340
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

1768 PARK CENTER DRIVE
SUITE 340
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 45-0583982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

DIVINE, RUSSELL W
24 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US

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: RUSSELL W DIVINE 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOUDREAUX, KEVIN
Address: 1768 PARK CENTER DRIVE, SUITE 340
City-St-Zip: ORLANDO, FL 32835

Title: MGRM (X) Delete
Name: CROUSE, RAYMOND JR.
Address: 1768 PARK CENTER DRIVE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CROUSE, RAYMOND JR
Address: 1768 PARK CENTER DRIVE, SUITE 340
City-St-Zip: ORLANDO, FL 32835

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: RAYMOND CROUSE, JR. MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date