

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043512

FILED  
Aug 05, 2011  
Secretary of State

**Entity Name:** SANDALS REALTY OF NORTH ORLANDO, LLC

**Current Principal Place of Business:**

220 CROWN OAK CENTRE DRIVE  
SUITE 220  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 CROWN OAK CENTRE DRIVE  
SUITE 220  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 27-2426359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGKINS, WILLIAM E II  
570 CROWN OAK CENTRE DRIVE  
SUITE 220  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

HODGKINS, WILLIAM E II  
220 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750 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: WILLIAM E HODGKINS

08/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HODGKINS, WILLIAM E II  
Address: 701 GULF LAND DRIVE  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM  
Name: BRUNING, MICHAEL  
Address: 4281 LAWRENCE ROAD  
City-St-Zip: BALTIMORE, OH 43105 US

Title: MGRM  
Name: BRUNING, DANIELLE L  
Address: 4281 LAWRENCE ROAD  
City-St-Zip: BALTIMORE, OH 43105 US

Title: MGRM  
Name: CURRY, DAVID  
Address: 1005 BOLTON PLACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR  
Name: SARNES, AMANDA  
Address: 1032 OAKPOINT CIRCLE  
City-St-Zip: APOPKA, FL 32712

I hereby 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: WILLIAM E HODGKINS

MGRM

08/05/2011

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