

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043512

FILED  
Jan 23, 2012  
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  
220 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750 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  
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

Title: MGR  
Name: BLOOM, ALAN  
Address: 4651 REDMOND PLACE  
City-St-Zip: SANFORD, FL 32771 US

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

01/23/2012

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