

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064519

Entity Name: MAGICAL FLORIDA VACATIONS, LLC

FILED  
Mar 08, 2011  
Secretary of State

## Current Principal Place of Business:

2580 KINGSPONTE CIRCLE  
ST.CLOUD, FL 34769

## New Principal Place of Business:

2580 KING OAK CIRCLE  
ST.CLOUD, FL 34769

## Current Mailing Address:

2580 KINGSPONTE CIRCLE  
ST.CLOUD, FL 34769

## New Mailing Address:

2580 KING OAK CIRCLE  
ST.CLOUD, FL 34769

FEI Number: 27-2863524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACKERMAN, BRADLEY  
2580 KINGSPONTE CIRCLE  
ST. CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

ACKERMAN, BRADLEY  
2580 KING OAK CIRCLE  
ST. CLOUD, FL 34769 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: BRADLEY DEAN ACKERMAN

03/08/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: ACKERMAN, BRADLEY D MGRM  
Address: 2580 KING OAK CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR  
Name: BROWN, MALCOLM T MGR  
Address: 15335 BRAHMA ROAD  
City-St-Zip: POLK CITY, FL 33868

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: BRADLEY DEAN ACKERMAN

MGRM

03/08/2011

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