

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004492

Entity Name: AMBER VACATION CLUB, LLC

FILED  
Apr 13, 2007  
Secretary of State

**Current Principal Place of Business:**

621 SOUTH ATLANTIC AVENUE  
ORMOND BEACH, FL 32176

**New Principal Place of Business:****Current Mailing Address:**

700 W GRANADA BLVD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3590005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

A.G.C. CO  
200 SOUTH ORANGE AVENUE, SUITE 2300  
ORLANDO, FL 32801 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: ROBBINS, STACY H  
Address: 700 W. GRANADA BLVD STE 201  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: MOSSER, THOMAS W  
Address: 2301 RIDGE RD  
City-St-Zip: PIGEON FORGE, TN 37863

Title: MGRM ( ) Delete  
Name: ANDERSON, H. CHARLES  
Address: 2301 RIDGE RD  
City-St-Zip: PIGEON FORGE, TN 37863

Title: MGRM ( ) Delete  
Name: BRADFORD, JERRY M  
Address: 2301 RIDGE RD  
City-St-Zip: PIGEON FORGE, TN 37863

**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:

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: STACY ROBBINS

MGRM

04/13/2007

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