

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000000070

FILED
Jan 09, 2006
Secretary of State

Entity Name: GRAND VACATIONS REALTY, LLC

Current Principal Place of Business:

6355 METROWEST BLVD., SUITE 180
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6355 METROWEST BLVD., SUITE 180
ATTN: LEGAL DEPT
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 95-4349751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLOAN, REBECCA
6355 METROWEST BLVD., SUITE 180
ORLANDO, FL 32835 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: MGR () Delete
Name: SLOAN, REBECCA
Address: 6355 METROWEST BLVD., SUITE 180
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: MASON, JANET SUE
Address: 3575 LAS VEGAS BLVD. SOUTH
City-St-Zip: LAS VEGAS, NV 89109

Title: MGR () Delete
Name: STUDZIENSKI, ROMA
Address: 455 KAREN AVENUE
City-St-Zip: LAS VEGAS, NV 89109

Title: MGR () Delete
Name: DAGOT, ANTOINE
Address: 6355 METROWEST BLVD., SUITE 180
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: KREIGER, KIM
Address: 6355 METROWEST BLVD., SUITE 180
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MASON, JANET SUE
Address: 5555 BADURA AVENUE, STE. 110
City-St-Zip: LAS VEGAS, NV 89118

Title: MGR (X) Change () Addition
Name: STUDZIENSKI, ROMA
Address: 5555 BADURA AVENUE
City-St-Zip: LAS VEGAS, NV 89118

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KREIGER, KIM R
Address: 6355 METROWEST BLVD., SUITE 180
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: REBECCA SLOAN

MGR

01/09/2006

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