

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000004347 1. Entity Name FREEDOM RESORT & SPA, LLC	
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Principal Place of Business 8600 WEST HIGHWAY 192 KISSIMMEE, FL 34747	Mailing Address 8600 WEST HIGHWAY 192 KISSIMMEE, FL 34747
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0351633	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VISTA PROS, LLC 222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VISTA PROS, LLC 222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789
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01/11/08-80024-011 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Hamid ElManouni* Hamid ElManouni 01/11/08 (407)396-7278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #