2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# M05000003666

Entity Name: VACATION THERAPY SPA, LLC

Current Principal Place of Business:

7 SYLVAN WAY
PARSIPPANY, NJ 07054

New Principal Place of Business:

8427 S. PARK CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

8427 S. PARK CIRCLE
ORLANDO, FL 32819

FEI Number: 20-3099422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: WYNDHAM VACATION RES, ORTS, INC.
Address: 7 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WYNDHAM VACATION RES, ORTS, INC.
Address: 8427 S. PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

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: GREGORY T GEPPEL VP 04/23/2008

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