

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007099

FILED
Jul 07, 2006
Secretary of State

Entity Name: NATIONAL RECREATIONAL PROPERTIES OF HOT SPRINGS VILLAGE, LLC

Current Principal Place of Business:

ONE MAUCHLY
IRVINE, CA 92618

New Principal Place of Business:

Current Mailing Address:

ONE MAUCHLY
IRVINE, CA 92618

New Mailing Address:

FEI Number: 30-0227496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL RECREATIONAL PROPERTIES OF SUN 'N
LAKES, LLC
211 U.S. HIGHWAY 27 NORTH
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

ROBERT E. DADY, ESQ.
201 ALHAMBRA CIRCLE
#601
CORAL GABLES, FL 33134 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: ROBERT E. DADY, ESQ.

07/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDEN, JEFFREY P
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: MGR () Delete
Name: FRIEDMAN, ROBERT D
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

ADDITIONS/CHANGES:

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 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: JEFFREY P. FRIEDEN

MGR

07/07/2006

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