2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# M06000006472

Entity Name: OLCC FLORIDA, LLC

Current Principal Place of Business:

8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-5919578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 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:	WILSON RESORT GROUP,, LLC	
Address:	8505 WEST IRLO BRONSON MEMORIAL HIGHWAY	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	CEOP	( ) Delete
Name:	HARILL, DON L	
Address:	8505 WEST IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	EVP	( ) Delete
Name:	LOWER, BRIAN T	
Address:	8505 WEST IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	EVP	( ) Delete
Name:	NELSON, THOMAS R	
Address:	8505 WEST IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	SVP	( ) Delete
Name:	THOMPSON, MICHAEL	
Address:	8505 WEST IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	EVP	( ) Delete
Name:	ALBERTSON, BOB	
Address:	8505 WEST IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	KISSIMMEE, FL 34747	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	EVP	(X) Change ( ) Addition
Name:	LOWER, BRIAN T S	
Address:	8505 WEST IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	KISSIMMEE, FL 34747	
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: BRIAN T. LOWER EVP 05/09/2008

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