2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2010
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
Name: WILSON RESORT GROUP, LLC
Address: 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 34747

Title: CEOP
Name: HARILL, DON L
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVP
Name: LOWER, BRIAN T S
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVP
Name: NELSON, THOMAS R
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: SVP
Name: THOMPSON, MICHAEL
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVP
Name: ALBERTSON, BOB
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

I hereby 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 Statues.

SIGNATURE: BRIAN T. LOWER EVP 01/25/2010

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