2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000553

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

KISSIMMEE, FL 34741

KISSIMMEE, FL 34741

TOUSIGNANT, JIM

MGR

() Delete

3501 W VINE STREET, SUITE 225

Entity Name: ULTIMATE NAPLES STRADA BELLA, LLC

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3501 W VINE STREET, SUITE 225 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 3501 W VINE STREET, SUITE 225 KISSIMMEE, FL 34741 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC CALLAGHAN, PHIL J 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 3501 W VINE STREET 225 WESTON, FL 33331 KISSIMMEE, FL 34741 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: PHIL CALLAGHAN 01/08/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CASTLEROCK PARTNERS, LLC Name: Name: Address: 3501 W VINE STREET, SUITE 225 Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: ULTIMATE RESORT DEST, INATION CLUB M A NAGEMEN Name: Address: 3501 W VINE STREET, SUITE 225 Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CALLAGHAN, PHIL Name: Name: 3501 W VINE STREET, SUITE 225 Address: Address:

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.

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHIL CALLAGHAN CFO 01/08/2008