

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 09, 2010
Secretary of State

Entity Name: WILSON RESORT FINANCE, LLC

Current Principal Place of Business:

8505 W. IRLO BRONSON MEM HWY
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

8505 W. IRLO BRONSON MEM HWY
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-4930527

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 DR., SUITE 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: MGRM
Name: WILSON RESORT GROUP, LLC
Address: 8505 W. IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: PCEO
Name: HARRILL, DON L
Address: 8505 W. IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVPS
Name: LOWER, BRIAN T
Address: 8505 W. IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

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

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

Title: SVP
Name: THOMPSON, MICHAEL J
Address: 8505 W. 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 Statutes.

SIGNATURE: BRIAN T. LOWER

EVP

02/09/2010

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