2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002259

Entity Name: WILSON RESORT GROUP LLC

FILED Jan 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

160 GREENTREE DR., SUITE 101 DOVER, DE 19904

Current Mailing Address: New Mailing Address:

160 GREENTREE DR., SUITE 101 DOVER, DE 19904

FEI Number: 20-4930551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: WILSON, SPENCE L

Address: 8700 TRAIL LAKE DRIVE, WEST #300

City-St-Zip: MEMPHIS, TN 38125

Title: MGRM

Name: WILSON, ROBERT A

Address: 8700 TRAIL LAKE DRIVE, WEST #300

City-St-Zip: MEMPHIS, TN 38125

Title: MGRM

Name: WILSON, C. KEMMONS JR.

Address: 8700 TRAIL LAKE DRIVE, WEST #300

City-St-Zip: MEMPHIS, TN 38125

Title: MGRM

Name: WILSON MOORE, ELIZABETH
Address: 8700 TRAIL LAKE DRIVE, WEST #300

City-St-Zip: MEMPHIS, TN 38125

Title: MGRM

Name: WILSON WEST, CAROL

Address: 8700 TRAIL LAKE DRIVE, WEST #300

City-St-Zip: MEMPHIS, TN 38125

Title: PCEO

Name: HARRILL, DON L

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 Statues.

SIGNATURE: BRIAN T. LOWER EVP 01/22/2010