

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002259

Entity Name: WILSON RESORT GROUP LLC

FILED
Jan 24, 2011
Secretary of State

Current Principal Place of Business:

160 GREENTREE DR., SUITE 101
DOVER, DE 19904

New Principal Place of Business:

Current Mailing Address:

160 GREENTREE DR., SUITE 101
DOVER, DE 19904

New Mailing Address:

8505 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34747

FEI Number: 20-4930551

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, 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 Statutes.

SIGNATURE: BRIAN T. LOWER

EVP

01/24/2011

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