

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003960

Entity Name: WYNDHAM BONNET CREEK, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

8427 SOUTH PARK CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8427 SOUTH PARK CIRCLE
ORLANDO, FL 32819

New Mailing Address:

22 SYLVAN WAY
PARSIPPANY, NJ 07054

FEI Number: 90-0426241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: FEENEY, CHRISTOPHER J
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: WILSON, VIRGINIA M
Address: 8427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FEENEY, CHRISTOPHER J
Address: 22 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: MGR (X) Change () Addition
Name: WILSON, VIRGINIA M
Address: 22 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

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.

SIGNATURE: VIRGINIA M WILSON

MGR

04/23/2009

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