For	rm 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Retiren				nt	2014			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).				This F	orm is Open to lic Inspection			
	Complete all entries in accordance with the instructions to the Form 5500-SF.									
For calenda	Annual Report in a	dentification Information cal plan year beginning 01/01/2014	4	and ending 12/3	31/2014	4				
	turn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer) (lyer information in accord	Filers c	checking this bo				
	· [	a one-participant plan	a foreign plan	, ,						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
	l	an amended return/report		n/report (less than 12 mc	onths)	_				
C Check b	box if filing under:	Form 5558	X automatic extension		L	DFVC progra	۱m			
		special extension (enter descript	ion)							
Part II	Basic Plan Infor	mation—enter all requested inform	mation							
1a Name of CDE CELER	•					Three-digit plan number				
CDF CELED	RATION LLC 401(N) FT	ROFIT SHARING PLAN & TRUST				(PN)	001			
						Effective date of	f plan /2013			
<b>2a</b> Plan sp CDF CELEBF		ress; include room or suite number	(employer, if for a single-	employer plan)			fication Number 24172			
						ponsor's telephone number 407-900-7708				
599 CELEBRATION PLACE CELEBRATION, FL 34747					<b>2d</b> E	Business code (	siness code (see instructions) 624410			
<b>3a</b> Plan administrator's name and address $\overline{X}$ Same as Plan Sponsor.					<b>3b</b> A	Administrator's I	EIN			
A If the r	<b>3c</b> Administrator's telephone number									
name,		plan sponsor has changed since the ber from the last return/report.	) last return/report med to	or this plan, enter the	4b E 4c F		001			
·		RATION PLACE LLC at the beginning of the plan year			4C ⊧ 5a		001 25			
		at the end of the plan year			5b		13			
C Numbe	er of participants with ac	ccount balances as of the end of the	e plan year (defined bene	efit plans do not	5c		3			
		icipants at the beginning of the plan			5d(1	<b>\</b>				
		icipants at the end of the plan year				-	23			
e Number	er of participants that terr	minated employment during the pla	n year with accrued bene	efits that were	5d(2 5e	-	0			
		r incomplete filing of this return/r								
Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return/r er penalties set forth in the instruction d signed by an enrolled actuary, as we	ons, I declare that I have	examined this return/rep	ort, inc	luding, if applic				
SIGN		alid electronic signature.	09/08/2015	DESMOND DEREK CU	JMMIN	GS				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal sign	ing as plan adr	ninistrator			
SIGN HERE	l			ļ						
	Signature of employe name (including firm nat	er/plan sponsor me, if applicable) and address (inclu	Date ude room or suite number	Enter name of individuer) (optional)			r or plan sponsor number (optional)			
				-						

6a	Sa Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	t III Financial Information			,.						
7	Plan Assets and Liabilities		(a) Paginning of Vag				(b) En		loor	
<u>′</u>	Total plan assets	7a	(a) Beginning of Yea	333			(b) En		<u>ear</u> 24	06
	Total plan liabilities	7a 7b		0						0
	Net plan assets (subtract line 7b from line 7a)	70 70	18	333					24	06
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b)	Tota	1	
	Contributions received or receivable from:						(6)	Tota		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	g	972						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2	222						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11	94
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	556						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
 f	Administrative service providers (salaries, fees, commissions)	8f		65						
	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-					6	21
	Net income (loss) (subtract line 8h from line 8c)	8i								73
÷	Transfers to (from) the plan (see instructions)			0						-
Pa										
9a	Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	2E 2F 2G 2D 2T 3D									
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Dem	Part V Compliance Questions									
10					Yes	No	1	A		
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162	NO		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	100						
	or dishonesty?			10d		Х				
е	insurance service, or other organization that provides some or all	of the ber	efits under the plan? (See			х				
	instructions.)			10e						
f				10f		Х				
<u> </u>				10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	Part VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).									
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		· · · ·			302 of	ERISA?.	.   [	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								-	

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annual		of Small Emplo	yee		OMB Nos. 1210-0110 1210-008		
Department of the Treasury Internal Revinue Service	This form is required to be t	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ						
Department of Labor Employee Benefits Security Administration	Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration the Internal Revenue Code (the Code).			68(a) of	a) of This Form is Open to Pu			
	Complete all entries in accordance with the instructions to the Form 5500-SF							
For calendar plan year 2014 or fi	iscal plan year beginning 01/01/2	014	and ending	12/31/	2014			
A This return/report is for:	× a single-employer plan		plan (not multiemployer)					
	a one-participant plan	of participating emp	loyer information in acco	ordance	with the form in	nstructions)		
the first return/report								
B This retum/report is:					)			
	☐ Form 5558	automatic extension		1				
C Check box if filing under:	special extension (enter descrip				DFVC progr	am		
Part II Basic Plan Info		*	a hadan gili mandan sa takan a mada maranda da ba					
1a Name of plan	rmation-enter all requested infor	malion		11	Three-digit	Т		
DF CELEBRATION LLC					plan number			
01(K) PROFIT SHARING PLAN	£ TPHST				(PN) >	001		
				10	Effective date o	of plan 1/2013		
2a Plan sponsor's name and ad DF Celebration LLC	dress; include room or suite number	(employer, if for a single	employer plan)		Employer Ident	fication Number 724172		
99 Celebration Place	-				Sponsor's telep (407)90	hone number		
elebration FL 34747-0000				2d	Business code (see instructions)			
3a Plan administrator's name an	id address XSame as Plan Spons				6244			
od man administrator s name an				AL.				
	n anness - Moaue as Hau obous	or			Administrator's Administrator's	EIN telephone number		
ME 4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the nber from the last return/report.		or this plan, enter the	3c				
ME if the name and/or EIN of the name, EIN, and the plan num a Sponsor's name COF CELEB	plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC	last return/report filed f		3c /	Administrator's EIN			
ME 4 If the name and/or EIN of the name, EIN, and the plan num 3 Sponsor's name CDF CELEB 5a Total number of participants is	plan sponsor has changed since the nber from the last return/report, BRATION PLACE LLC at the beginning of the plan year	last return/report filed f		3c / 4b 4c 5a	Administrator's EIN	telephone number		
ME If the name and/or EIN of the name, EIN, and the plan num Sponsor's name CDF CELEB Total number of participants a b Total number of participants a	plan sponsor has changed since the nber from the last return/report, BRATION PLACE LLC at the beginning of the plan year	last retum/report filed f		3c /	Administrator's EIN	telephone number		
ME If the name and/or EIN of the name, EIN, and the plan num Sponsor's name COF CELEB Total number of participants a D Total number of participants a C Number of participants with a complete this item)	plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year	last return/report filed f	afit plans do not	3c / 4b 4c 5a	Administrator's EIN	telephone number 25 13		
ME If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name COF CELEB Total number of participants a b Total number of participants a c Number of participants with a complete this item)	plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year	last return/report filed f	afit plans do not	3c / 4b 4c 5a 5b	Administrator's EIN	telephone number 26 13 3		
ME If the name and/or EIN of the name, EIN, and the plan num Sponsor's name CDF CELEB Total number of participants is D Total number of participants with a complete this item)	plan sponsor has changed since the nber from the last return/report. <u>BRATION PLACE LLC</u> at the beginning of the plan year at the end of the plan year at the end of the plan year incount balances as of the end of the the plan s at the beginning of the plan year	plan year (defined bene year	sfit plans do not	3c / 4b 4c 5a 5b 5c	Administrator's EIN	telephone number 26 13 3 23		
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<ul> <li>ME</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name COF CELEB</li> <li>5a Total number of participants is</li> <li>b Total number of participants with a complete this item).</li> <li>d(1) Total number of active part</li> <li>d(2) Total number of active part</li> <li>e Number of participants that the lessthan 100% vested.</li> </ul>	plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year eminated employment during the plan	Plast return/report filed f plan year (defined bene year	zfit plans do not efits that were	3c / 4b 4c 5a 5b 5c 5d(1) 5d(2) 5e	Administrator's EIN PN			
ME 4 If the name and/or EIN of the name, EIN, and the plan num 3 Sponsor's name COF CELEB 5a Total number of participants of b Total number of participants with a complete this item)	Plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year erminated employment during the plan the plants at the end of the plan year erminated employment during the plan the plants at the end of the plan year erminated employment during the plan the plants at the end of the plan year	plan year (defined bene year	efits that were	3c / 4b 4c 5a 5b 5c 5d(1) 5d(2) 5e se is er	Administrator's	telephone number 26 13 23 23 10 0		
ME If the name and/or EIN of the name, EIN, and the plan num Sponsor's name COF CELEB Total number of participants is b Total number of participants with a complete this item)	Plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year erminated employment during the plan the plants at the end of the plan year erminated employment during the plan the plants at the end of the plan year erminated employment during the plan the plants at the end of the plan year	plan year (defined beno year	efits that were entry that were unless reasonable cau examined this return/report,	3c / 4b 4c 5a 5b 5c 5d(1) 5d(2) 5e se is en ort, incl and to	Administrator's	telephone number 26 13 23 23 10 0 able, a Schedule knowledge and		
ME If the name and/or EIN of the name, EIN, and the plan num Sponsor's name CDF CELEB Total number of participants is b Total number of participants with a complete this item)	plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year at the end of the plan year incount balances as of the end of the ticipants at the beginning of the plan year erminated employment during the plan r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	blast return/report filed f plan year (defined beno year n year with accrued ben port will be assessed ns, I declare that I have reli as the electronic vers	efits that were entry that were unless reasonable cau examined this return/report, Decuround Ds	3c 4b 4c 5a 5b 5c 5d(1) 5d(2) 5d(2) 5e se is en ort, incl and to	Administrator's EIN PN stablished. uding, if applica the best of my	telephone number 26 13 3 23 10 0 able, a Schedule knowledge and		
ME If the name and/or EIN of the name, EIN, and the plan num <b>3</b> Sponsor's name COF CELEB <b>5a</b> Total number of participants is <b>b</b> Total number of participants with a complete this item)	plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year at the end of the plan year at the end of the plan year incount balances as of the end of the ticipants at the beginning of the plan year erminated employment during the plan r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	blast return/report filed f plan year (defined bene year	efits that were entry that were unless reasonable cau examined this return/report, becumind Decumind Discourse Decumind Discourse	3c 4b 4c 5a 5b 5c 5d(1) 5d(2) 5d(2) 5e se is er and to and to	Administrator's	telephone number 25 13 23 10 0 able, a Schedule knowledge and C inistrator		
ME If the name and/or EIN of the name, EIN, and the plan num <b>3</b> Sponsor's name CDF CELEB <b>5a</b> Total number of participants is <b>b</b> Total number of participants with a complete this item)	Plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year	blast return/report filed f plan year (defined beno year	efits that were efits that were unless reasonable cau examined this return/report, because 1 Decument Decument Enter name of individu Decument Decument Decoused Decoused Decoused Decoused Decoused Decoused Decoused Decoused Decouse and Deco	3c 4b 4c 5a 5b 5c 5d(1) 5d(2) 5e se is en ort, incl and to and to	Administrator's	telephone number 26 13 23 10 0 able, a Schedule knowledge and 23 10 0 23 23 10 0 23 23 10 0 23 23 10 0 23 23 10 0 25 25 13 23 23 10 0 25 25 13 23 23 10 0 0 25 25 13 23 23 10 23 23 23 23 23 23 23 23 23 20 25 25 25 25 25 25 25 25 25 25 25 25 25		
ME 4 If the name and/or EIN of the name, EIN, and the plan num 3 Sponsor's name CDF CELEB 5a Total number of participants is b Total number of participants with a complete this item)	Plan sponsor has changed since the nber from the last return/report. BRATION PLACE LLC at the beginning of the plan year	blast return/report filed f plan year (defined beno year	efits that were efits that were unless reasonable cau examined this return/report, sion of this return/report, Decursuit Dr. Enter name of individu Enter name of individu	3c 4b 4c 5a 5b 5c 5d(1) 5d(2) 5d(2) 5e se is en ort, incl and to and to arce/k al signi	Administrator's	telephone number 25 13 23 23 10 0 able, a Schedule knowledge and 25 23 23 23 10 0 0 24 25 25 23 23 20 25 25 25 25 25 25 25 25 25 25 25 25 25		

-	Form 5500-SF 2014		Page 2							
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes Yes Yes Yes Yes Yes Yes Yes Yes									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
c	If the plan is a defined benefit plan, is it covered under the PBGC in					-			Determ	nined
Pa	Int III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	är			(b) E	ind of Y	ear	
a	Total plan assets	7a	183	13					2406	
b	Total plan liabilities	7b		0					0	
C	Net plan assets (subtract line 7b from line 7a)	. 7c	163	3					2406	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		0						
-	(2) Participants	8a(2)	97	2						
	(3) Others (including rollovers)	8a(3)		Ũ						
b	Other income (loss)	8b	22	2						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				0			1194	dilline del col i la finica
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	55	6						
	Certain deemed and/or corrective distributions (see instructions)	8e		Ô						
f	Administrative service providers (salaries, fees, commissions)	8f	6	5						
g	Other expenses	8g	Marcallan and a second	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							621	lat Aliterative species of
i	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i							573	
1	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the inst	ructions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cteris	ic Coo	les in th	ne instri	uctions:		
Par	t V Compliance Questions						*****			
10	During the plan year:				Yes	No		Amo	ount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		×			1	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			105		×				
c	Was the plan covered by a fidelity bond?	•••••		10c	×				:	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's t or dishonesty?	fidelity bor	id, that was caused by fraud	10d		×	<b>19-11 - 1-1</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)	er persons f the bene	by an insurance carrier, fits under the plan? (See	10e		×				
f	Has the plan failed to provide any benefit when due under the plan	the Diversities of the second second second		10F						
			· · · · · · · · · · · · · · · · · · ·			×				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									
1	2520.101=3.)       10h       X         I       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						m A Vil-Alla que la deux com		Adiat Anno 1997.	
Part			***************************************	101	l	1				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	olete	Sched	ule SB	(Form	. П	Yes 3	No
11a	Enter the unpaid minimum required contribution for current year fro				-					distantinon second
12	Is this a defined contribution plan subject to the minimum funding r						RISA?	.1 П	Yes 5	No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, a					T			<u>1</u> 2	<del>4</del>
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instruc	lions, h	and e	nter the Day	e dale o	f the let Year		)

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.

12b

and the second					
C Enter the	amount contributed by the employer to the plan for this plan year	120	T		
d Subtract ti	he amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a mount)	424			49-50-50 (1995)
	nimum funding amount reported on line 12d be met by the funding deadline?	the second s	Yes	1 No	
1	in Terminations and Transfers of Assets				
13a Has a reso	lution to terminate the plan been adopted in any plan year?		Yes x	No	
if "Yes," e	nter the amount of any plan assets that reverted to the employer this year	13a			
b Were all th of the PBC	e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under SC?	he control	1	Пу	es 🛛 No
c If during th	is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ets or liabilities were transferred. (See instructions.)	(s) to			
13c(1) Name	e of plan(s):	13c(2) E	IN(s)	130	(3) PN(s)
Part VIII Tru	st Information (optional)				
14a Name of tru		1446 1	auto Ell	1	

rea tranic of uost	14D Irust's EIN
An	
	L