2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000017

1. Entity Name

INTERVAL SERVICING CO., L.L.C.

FILED
01 MAY -2 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE MJH

Principal Place of Business	Mailing Address
3363 W. COMMERCIAL BLVD STE 202 FT LAUDERDALE FL 33309	3363 W. COMMERCIAL BLVD STE 202 FT LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0972777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS JR, THOMAS J
4575 VIA ROYALE, STE 206
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name WRIGHT, DAVID FRAME

Street Address (P.O. Box Number is Not Acceptable) 3363 WEST COMMERCIAL BOULEVARD SUITE 202

City FORT LAUDERDALE FL Zip Code 33309

8. 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 x [signature] DAVID F. WRIGHT MANAGER 04/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, DAVID F 3363 W. COMMERCIAL BLVD FT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700004288187--3 -05/22/01--01116--032 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: x [signature] DAVID F. WRIGHT 04/23/01 (954) 485 6134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

L01215G AF