APR-28-2005 16:17 HODGSON RUSS LLP

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90056 009 ****50.00

DOCUMENT # L00000000017

1. Entity Name
INTERVAL SERVICING CO., L.L.C.

Principal Place of Business
3363 WEST COMMERCIAL BLVD., SUITE 202 o.k.
FT. LAUDERDALE, FL 33309

Mailing Address
% JENNIFER C. PINCH 3363 W. COMMERCIAL BLVD
426 NW 26TH ST. SUITE 202
GAINESVILLE, FL 32607 FT. LAUDERDALE 33309

04272005No Chg-LLC CR2E083 (10/03)

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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

WRIGHT, DAVID F
3363 WEST COMMERCIAL BLVD., SUITE 202
FT. LAUDERDALE, FL 33309

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WRIGHT, DAVID F
STREET ADDRESS	3363 WEST COMMERCIAL BLVD., SUITE 202 o.k.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	MGR
NAME	SANDRA SHAW
STREET ADDRESS	3363 W. COMMERCIAL BLVD, SUITE 202
CITY-ST-ZIP	FT. LAUDERDALE, FLA. 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David F Wright April 28, 05 954-736-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #