

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -1 PM 2:09

STATE
MANAGING OFFICE, FLORIDA

DOCUMENT # L00000000017 1. Entity Name INTERVAL SERVICING CO., L.L.C.	
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Principal Place of Business 3363 WEST COMMERCIAL BLVD., SUITE 202 FT. LAUDERDALE, FL 33309 US	Mailing Address 3363 W COMMERCIAL BLVD. SUITE 202 FORT LAUDERDALE, FL 33309 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0972777	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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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7. Name and Address of New Registered Agent Name: Christopher M. TRAPANI, Esq. Street Address (P.O. Box Number is Not Acceptable): 170 KATZ BARRON ST, 100 NE Third Ave Suite: 280 City: FT Lauderdale FL Zip Code: 33301
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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: <u><i>Christopher M. Trapani</i></u> DATE: <u>4/20/06</u> Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reappointing)	
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Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR ☐ Delete WRIGHT, DAVID F STREET ADDRESS 3363 WEST COMMERCIAL BLVD., SUITE 202 CITY-ST-ZIP FT. LAUDERDALE, FL 33309
TITLE	MGR ☒ Delete SHAW, SANORA STREET ADDRESS 3363 W COMMERCIAL BLVD., STE 202 CITY-ST-ZIP FORT LAUDERDALE, FL 33309
TITLE	MGR ☐ Delete LUIS MEDINA STREET ADDRESS 3363 W. COMMERCIAL BLVD #202 CITY-ST-ZIP FT. LAUDERDALE, FL 33309
TITLE	☐ Delete
TITLE	☐ Delete
TITLE	☐ Delete

10. ADDITIONS/CHANGES	
TITLE	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE	☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 05/10/06--01012--009 ***350.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David F. Wright</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: <u>April 24, 2006</u>	Daytime Phone #: <u>954-485-5400</u>
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