

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90035 007 \*\*\*\*50.00

**DOCUMENT # L00000007209**

1. Entity Name

**ISLAND VACATION PROPERTIES, L.C.**

Principal Place of Business

**3001 GULF DR  
 HOLMES BEACH FL 34217**

Mailing Address

**3001 GULF DR  
 HOLMES BEACH FL 34217**

**903844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**36-4375443**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIMES, CALEB J  
 1023 MANATEE AVE W  
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  Delete  
 NAME **MGRM**  
 STREET ADDRESS **CARON, ANN**  
 CITY-ST-ZIP **3001 GULF DR.  
 HOLMES BEACH FL 34217**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
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10. ADDITIONS / CHANGES

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE: *Ann Caron, Managing*

1/6/02

941 778-6849

CR2E083 (9/01)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #