

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90038 012 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L00000014202  
**1. Entity Name**  
 FLORIDA VACATION VENTURES, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** 106 N. CHURCH ST.  
 Suite, Apt. #, etc.  
**3. Mailing Address** 106 N. CHURCH ST.  
 Suite, Apt. #, etc.

**City & State** MISSISSIMONIA FL  
**City & State** MISSISSIMONIA FL  
**ZIP** 34744-5051 **Country** USA **ZIP** 34744-5051 **Country** USA

**4. FEI Number** 59-3709590 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  \$5.00 Additional Fee Required



**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name** BRIAN M MARU GIO  
**Street Address (P.O. Box Number is Not Acceptable)** 106 N. CHURCH ST  
**City** MISSISSIMONIA FL **ZIP** 34744-5051

**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** *Brian M Maru* **DATE** 4/26/02

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	manager max causal 432 chauncey court ocore, FL 34741	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2303B (12/01)

**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 liquidator empowered to execute this report as required by Chapter 608, Florida Statutes.**  
**SIGNATURE:** *[Signature]* **DATE:** 4/26/02 **Daytime Phone #** 407-312-8866