

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90189 041 \*\*\*\*50.00

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**DOCUMENT # L00000014202**

1. Entity Name  
**FLORIDA VACATION VENTURES, LLC**



Principal Place of Business      Mailing Address

**104 N. CHURCH STREET  
KISSIMMEE FL 34741-5055**      **104 N. CHURCH STREET  
KISSIMMEE FL 34741-5055**

2. Principal Place of Business      3. Mailing Address

**5728 Major Blvd  
Suite, Apt. #, etc.  
Suite 185**      **5728 Major Blvd  
Suite, Apt. #, etc.  
Suite 185**

City & State      City & State

**Orlando FL**      **Orlando FL**

Zip      Country      Zip      Country

**32819 USA**      **32819 USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARU, BRIAN M ESQ  
104 N CHURCH ST  
KISSIMMEE FL 34741**

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

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	CAWAL, MAX P	922 CHAUNCEY COURT	OCOE FL 34761	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5728 Major Blvd Suite 185	Orlando FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Bennet H. Grutman	5728 Major Blvd Suite 185	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Orlando FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
**SIGNATURE REQUIRED**

\_\_\_\_\_  
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CRZE083 (10/02)