

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024307

**FILED**  
**Aug 27, 2004**  
**Secretary of State**

**Entity Name:** SUN RAY VACATIONS, L.C.

**Current Principal Place of Business:**

ATTN: PHILIP DEMER  
105 SUMMER BAY BLVD.  
CLERMONT, FL 34711

**New Principal Place of Business:**

ATTN: PHILIP DEMER  
105 SUMMER BAY BLVD.  
CLERMONT, FL 34714

**Current Mailing Address:**

ATTN: PHILIP DEMER  
105 SUMMER BAY BLVD.  
CLERMONT, FL 34711

**New Mailing Address:**

ATTN: PHILIP DEMER  
105 SUMMER BAY BLVD.  
CLERMONT, FL 34714

**FEI Number:** 01-0747743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALDWELL, PAUL M  
25 TOWN CENTER BLVD., SUITE C  
CLERMONT, FL 34712 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DEMER, PHILIP  
Address: 105 SUMMER BAY BLVD.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILIP DEMER

MGR

08/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date