

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001529

FILED
Feb 16, 2004
Secretary of State

Entity Name: ADVANTAGE VACATION HOMES BY STYLES, LLC

Current Principal Place of Business:

530 OAK COURT DRIVE, SUITE 360
MEMPHIS, TN 38117

New Principal Place of Business:

7799 STYLES BLVD
KISSIMMEE, FL 34747

Current Mailing Address:

530 OAK COURT DRIVE, SUITE 360
MEMPHIS, TN 38117

New Mailing Address:

8955 HWY 98 W
SUITE 203
DESTIN, FL 32550

FEI Number: 14-1873132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: REED, COLIN V
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: MGR () Change (X) Addition
Name: OLIN, JAMES S
Address: ONE GAYLORD DRIVE
City-St-Zip: NASHVILLE, TN 37214

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: JAMES S. OLIN

MGR

02/16/2004

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