

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90061 008 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000028804					
1. Entity Name MARINER'S CLUB BAHIA BEACH VACATIONS LLC					
Principal Place of Business 12800 UNIVERSITY DRIVE, SUITE 400 FORT MYERS, FL 33907			Mailing Address 12800 UNIVERSITY DRIVE, SUITE 400 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0131077				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CHARLES PT PHOENIX, ESQ. 12697 NEW BRITTANY BLVD. FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name: Scott W. Callahan Street Address (P.O. Box Number is Not Acceptable): 37 North Orange Avenue Suite 200 - City: Orlando FL Zip Code: 32301		
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: <u>Scott W. Callahan</u> DATE: <u>4/2/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition	DAVE CLARK 12800 UNIVERSITY DR., STE 400 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition	MICHAEL ROSEN 12800 UNIVERSITY DR., STE 400 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition	DOUGLASS CORDELLO 12800 UNIVERSITY DR., STE 400 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.					
SIGNATURE: <u>Scott W. Callahan</u> DATE: <u>4/2/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					