

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038568

FILED  
Jan 13, 2004  
Secretary of State

**Entity Name:** PRISTINE PROPERTIES VACATION RENTALS LLC

**Current Principal Place of Business:**

402 REID AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

402 REID AVENUE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

RISH, GIBSON & SCHOLZ, P.A.  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456    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:                      MGRM                      ( ) Delete  
Name:                      COX, JAMES A  
Address:                      402 REID AVENUE  
City-St-Zip:                      PORT ST.. JOE, FL 32456

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

**ADDITIONS/CHANGES:**

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

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      DUREN, GEORGE W  
Address:                      125 WEST HIGHWAY 98  
City-St-Zip:                      PORT ST. JOE, FL 32456

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 A. COX

MGRM

01/13/2004

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