APR-28-2005 16:13 HODGSON RUSS LLP

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90056 016 ****50.00

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1. Entity Name
ESSEN MARKETING, L.L.C.

Principal Place of Business
12403 NACOGDOCHES, SUITE 110
SAN ANTONIO, TX 78217

Mailing Address
~~% JENNIFER C. FINCHLVD. STE. 202~~ C/O HRANK
~~426 NW 25TH ST.~~ 1801 N. MILITARY
~~GAINESVILLE, FL 32607~~ BOCA RATON, FLA. 33431-7403

04282005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0947444
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIO, RAUL C
3383 COMMERCIAL BLVD., STE. 202
FT LAUDERDALE, FL 33309

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	INTERVAL FINANCIAL SERVICES, L.C.
STREET ADDRESS	12403 NACOGDOCHES, #110
CITY-ST-ZIP	SAN ANTONIO, TX 78217
TITLE	MGR
NAME	WRIGHT, DAVID
STREET ADDRESS	3363 W. COMMERCIAL BLVD, #202
CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Daniel F Wright April 28 05 954-736-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #