2004 FOR PROFIT CORPORATIO ANNUAL REPORT	N	FILED Apr 29, 2004 08:00 AM
DOCUMENT # F22533 1. Entity Name VACATION INN REALTY, INC.		Secretary of State
Principal Place of Business Mailing Address 6566 N MILITARY TRAIL 6566 N MILITARY TRAIL W PALM BCH, FL 33407 W PALM BCH, FL 33407		
DO NOT WRITE IN THIS SPA	CE	04232004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2074227 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LUMBRA, THOMAS G. JR. 6566 N MILITARY TRAIL WEST PALM BEACH, FL 33407		DO NOT WRITE IN THIS SPACE
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		
10. OFFICERS AND DIRECTORS TITLE DP NAME LUMBRA, THOMAS G. JR. STREET ADDRESS 1220 BIMINI LANE CITY-ST-ZIP RIVIERA BEACH, FL 33404 TITLE VD NAME DOLLAR, SUSAN E. STREET ADDRESS 314 N LAKE AVENUE CITY-ST-ZIP TROY, NY TITLE S NAME MCCALLUM, JUDITH STREET ADDRESS 3682 VICTORIA DRIVE CITY-ST-ZIP WEST PALM BEACH, FL TITLE NAME STREET ADDRESS GR2 VICTORIA DRIVE CITY-ST-ZIP WEST PALM BEACH, FL TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP		Un0000139658 04/29/04-80132-002 150.00 DO NOT WRITE IN THIS SPACE
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date		