2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L0000005029 1. Entity Name HIDEAWAY VACATION, LLC						FILED MAY 18 AM 8:	50	6/11			
Principal Place of Business Mailing Address						SERRETARY DE STAFE.					
4601 SE 5TH AVENUE CAPE CORAL FL 33904 CAPE CORAL FL 33904 CAPE CORAL FL 33904				·	TAE	SEGRETARY OF STATE TAEE AHASSEE FEORIDA					
Principal Place of Business 3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	9	City & State	City & State			4. FEI Number 65-10255 92 -1622; Applied For Not Applicable					
Zip ·	Country	Zip	Zip Country			5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent		· white the same .	7. Name	and Address of New R	egistered A	gent		ı	
•	- ,			Name	511	u F			[ĺ	
SEIBEL, MICHAEL				SAME Street Address (P.O. Box Number is Not Acceptable)							
4601 SE	5TH AVENUE			Sileet Address (F.O. Box Number is Not Acceptable)						l	
	RAL FL 33904				1/						
	0.1			City			FL	Zip Code	,	İ	
8. The above	named entity submits this statement or		registere	ed office or regis	tered agent, o	or both, in the State of Flo	rida.	10;			
	Signature, typed or pfinted name of registered agent a	nd title if applicable. (NOT)	E: Registere	Agent signature requ	ired when reinstatin	<u>(9)</u>	DATE				
•		Make Check Pa			7.4-	· ·	7 ~ -				
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/	CHANGES				
TITLE	M G 尺 商 . □ Delete				C Occurs C Addition						
NAME STREET ADDRESS CITY-ST-ZIP	MICHEL SEIBEL 4601 BE STAND CAPECURAL, JEL 3390 Y			E ET ADDRESS -ST-7IP		500004416145-45-45-45-45-45-45-45-45-45-45-45-45-4					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition		
11. I hereby condicated of limited lies	ertify that the information supplied with on this report is true and accurate and to bility company or the receiver of trustee.	this filling does not qualify for hat my signature shall have	the exer	nption stated in legal effect as i	Section 119.0 f made under	7(3)(i), Florida Statutes. I oath; that I am a manag	further certifing member	fy that the in or manager	formation of the		