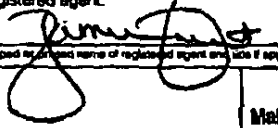


FILED
Jun 20, 2003 8:00 am
Secretary of State

04-28-2003 90083 030 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010684			
1. Entity Name TAKEMEONVACATION, LLC			
Principal Place of Business 2900 GATEWAY DRIVE POMPANO BEACH FL 33069		Mailing Address 2900 GATEWAY DRIVE POMPANO BEACH FL 33069	
2. Principal Place of Business 550 FAIRWAY DR. SUITE, APT. #, etc. #107 DADEFIELD BEACH, FL Zip 33441 Country USA		3. Mailing Address 550 FAIRWAY DR. SUITE, APT. #, etc. #107 DADEFIELD BEACH, FL Zip 33441 Country USA	
4. FBI Number 65-1035863		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUELS, LEONARD K BERGER SINGERMANN, P.A. 350 EAST LAS OLAS BLVD SUITE 1000 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent PAMELA GELST 550 FAIRWAY DR. #107 DADEFIELD BEACH, FL Zip Code 33441	
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  PAMELA GELST MANAGER 4-24-03 NOTE: Registered Agent signatures required when replacing. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME SHEEHAN, KEVIN M STREET ADDRESS 2900 GATEWAY DRIVE CITY-ST-ZIP POMPANO BEACH FL 33069		TITLE NAME MEM MGR SHEEHAN, KEVIN M. STREET ADDRESS 550 FAIRWAY DR #107 CITY-ST-ZIP DADEFIELD BEACH FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME PAMELA GELST STREET ADDRESS 550 FAIRWAY DR #107 CITY-ST-ZIP DADEFIELD BEACH FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 60B, Florida Statutes. SIGNATURE:  PAMELA GELST 4-24-03 954 429-1712 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

CR2003 (10/02)