

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90092 004 ****50.00

0041947

DOCUMENT # L01000004338

1. Entity Name

~~WEST 102 PROPERTIES, L.L.C.~~

Resort Area Resales LLC

Principal Place of Business

815 EMMETT STREET, SUITE D
 KISSIMMEE FL 34741

Mailing Address

815 EMMETT STREET, SUITE D
 KISSIMMEE FL 34741

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P O Box 470816

City & State

City & State
 Celebration FL

4. FEI Number

593713299

Applied For

Not Applicable

Zip

Country

Zip

Country

34747

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

Martin E Terrico

Street Address (P.O. Box Number is Not Acceptable)

4877 LAKE Cecile DR

Kissimmee FL

City

FL

Zip Code

34741

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.

SIGNATURE Martin E Terrico

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
 NAME ~~TERRICO, MARTIN E~~
 STREET ADDRESS 815 EMMETT STREET, SUITE D
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE MGR ☒ Change ☐ Addition
 NAME Terrico Martin E
 STREET ADDRESS 4877 LAKE Cecile DR
 CITY-ST-ZIP Kissimmee FL 34746

TITLE MGR ☒ Delete
 NAME BUONCERVELLO, BECKY
 STREET ADDRESS 815 EMMETT STREET, SUITE D
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE MGR ☐ Change ☒ Addition
 NAME Michael Harvey
 STREET ADDRESS 815 Spring Park Loop
 CITY-ST-ZIP Celebration FL 34747

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 608, Florida Statutes.

SIGNATURE:

Martin E Terrico

Martin E Terrico

2/18/02

(407) 908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0009

CR2E083 (9/01)