2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # L0100005568

1. Entity Name

Principal Place of Business

MICKEY'S FIVE STAR VACATION HOMES, L.L.C.



FILED Sep 15, 2003 8:00 am Secretary of State

09-15-2003 90096 044 ****50.00

PMB 336, 7862 W. IRLO BRONSON HWY KISSIMMEE FL 34747		PMB 336, 7862 W. IRLO BRONSON HWY KISSIMMEE FL 34747								
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2. Principal Place of Business		3. Mailing Address							121 ION IOU	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State			4. FEI Numbe	NOT APPLIC	CABLE		oplied For	
Zip	Country	Zip	Zip Count		5. Certificate	5. Certificate of Status Desired			ditional	
6. Name and Address of Current Registered Agen					7. Name and	7. Name and Address of New Registered Agent				
LENOX, DAVID R 135 WEST CENTRAL BLVD., STE 1100 ORLANDO FL 32801			:	Name Street Addre	ess (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)				
UKL	ANDO PL 32801			City			FL	Zip Code	e	
	e named entity submits this statement fortions of registered agent.				istered agent, or bot	n, in the State of Flori	da. I am far	miliar with,	and accept	
9.	MANAGING MEMBI			orida Depart nber 24, 200		ADDITIONS/C	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-718		☐ Delete						Change	Addition Addition	

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: WERE OF PRINTED NAME OF SIGNING, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/03

407-397-3594

Daytime Phone #

CR2E083 (4//