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FILED
Jul 30, 2002 8:00 am
Secretary of State
06-24-2002 90296 008 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005702

1. Entity Name: ADC Vacations, LLC

40231

DO NOT WRITE IN THIS SPACE

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
60 Gulf Blvd.	841 Heritage Sq
Suite, Apt. #, etc.: #214	Suite, Apt. #, etc.
City & State: Indian Rocks Beach FL	City & State: Decatur GA 30033
Zip: 33785 Country: USA Pinellas	Zip: 30033 Country: USA

4. FEI Number: 59-3760815 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frank Wood

Street Address (P.O. Box Number is Not Acceptable): Manager 60 Gulf Blvd #106

City: Indian Rocks Beach FL Zip Code: 33785

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	~~Officer~~ Managing Member.	TITLE	
NAME	Anthony D Celoplo	NAME	
STREET ADDRESS	841 Heritage Sq.	STREET ADDRESS	
CITY-ST-ZIP	Decatur GA 30033.	CITY-ST-ZIP	
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CR2E038 (12/01)

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: A. D Celoplo — 5/1/02 — 404 323 0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #