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

Apr 30, 2003 8:00 am Secretary of State DOCUMENT # L01000010684 04-30-2003 90185 031 ****50.00 1. Entity Name VACATION COMMUNITY ASSOCIATION MANAGEMENT, LLC Principal Place of Business Mailing Address 12900 UNIVERSITY DRIVE, SUITE 575 12800 UNIVERSITY DRIVE, SUITE 575 FT. MYERS FL 33907 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Blommerce Center (+ 136 Commerce Suite, Apt. #, etc. Suite. Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1117535 Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILLUPS, REGINALD D 12800 UNIVERSITY DRIVE, SUITE 575 FT. MYERS FL 33907 City 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 printed name of registered agent and title if applicable Signature, type (NOTE: Registered Agent signature required when reinstating) DATE 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 MGRM TITLE TITLE ☐ Addition Delete BILLUPS, REGINALD D NAME NAME STREET ADDRESS STREET ADDRESS 12800 UNIVERSITY DRIVE, SUITE 575 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 MGRM TITLE TITLE ☐ Delete Change ☐ Addition HAWKINS, ELAIN A NAME NAME STREET ADDRESS STREET ADDRESS 6642 DANIEL COURT CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition HAWKINS, FREDDIE L NAME NAME STREET ADDRESS STREET ADDRESS 6643 DANIEL COURT CITY-ST-ZIE FORT MYERS FL 33908 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change Addition MOORE, MITCHELL R NAME NAME STREET ADDRESS 2082 WILD LIME DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 MGRM Delete TITLE TITLE Change ☐ Addition NAME OCCHIOGROSSO, JACK M NAME STREET ADDRESS STREET ADDRESS 15331 ALLEN WAY CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

4/24/03 at 10:32:33.13

Vacation Community Assoc. Mgmt. LLC Check Register For the Period From Apr 24, 2003 to Apr 24, 2003 Filter Criteria includes: Report order is by Date.

Check#	Date	Payee	Cash Account	Amount
1217	4/24/03	Florida Department of Sta	100	50.00
1218	4/24/03	Florida Department of Sta	100	50.00
Total				100.00