

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90135 018 \*\*\*\*50.00

DOCUMENT # L01000010710

1. Entity Name

FLORIDA RESORT RENTALS, LLC



Principal Place of Business

2800 N POINCIANA BLVD  
KISSIMMEE FL 34746

Mailing Address

2800 N POINCIANA BLVD  
KISSIMMEE FL 34746



MOORE CR2E083 (11/03)

2. Principal Place of Business

5000 AVENUE OF THE STARS

3. Mailing Address

5000 AVENUE OF THE STARS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34746

Country

U.S.A

Zip

34746

Country

U.S.A

4. FEI Number

59-3751067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPLUS, ROBERT  
2800 N. POINCIANA BLVD.  
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

HILLEL MEYERS

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

5000 AVENUE OF THE STARS

City

KISSIMMEE

FL

Zip Code

34746

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

Hillel Meyers Pres Hillel Meyers Pres

DATE

4/30/04

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FIRST JEFFERSON CORP  
STREET ADDRESS 2800 N POINCIANA BLVD  
CITY- ST- ZIP KISSIMMEE FL 34746 ☒ Delete

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME TWIN LAKES RESORT AND COUNTRY II ☐ Change ☒ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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

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

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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

Hillel Meyers Pres Hillel Meyers Pres 4/30/04 4079978000