## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000010925 1. Entity Name

FLORIDA EXCLUSIVE VACATION HOMES, L.L.C.

Principal Place of Business

Mailing Address

1039 BANKS ROSE STREET CELEBRATION FL

2. Principal Place of Business

Suite, Apt. #, etc.

4145 W VINE

1039 BANKS ROSE STREET

W VINE ST

**CELEBRATION FL** 

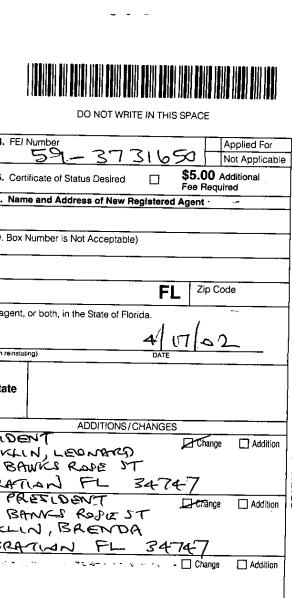
3. Mailing Address

Suite, Apt. #, etc.

4145

## **FILED** May 06, 2002 8:00 am Secretary of State

05-06-2002 90011 019 \*\*\*\*50.00



City & State	<u> </u>							
KISSIMMEE FL	City & State	City & State KISSIMMEE FL		Vumber		[A	pplied For	
Zip Country	Zip		· · · · · · · · · · · · · · · · · · ·	<u> 593</u>	7316	50 IN	lot Applicable	
3474	34741	Country	5. Certi	ficate of Status Desi	ired 📙	\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent		= 1 <b>a</b>	7. Nam	e and Address of N	ew Registered		<u></u>	
LAVIGNE, JAMES R 5301 CONROY ROAD, SUITE 140			Name					
			Street Addross (B.O. Bay Number is New Assets 14.					
			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32811								
			City					
			* FL   Zip Code					
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 Signature typed or printed game of registered game of regist								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
<b>5.</b>		W!!! FEE IS S						
Make Check Payable			ment of State				ı	
	Due	By May 1, 200	2					
9. MANAGING MEMBER	RS/MANAGERS	10.		ΔΠΩΙΤΙΟ	ONS/CHANGES	2		
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NAME FRANKLIN, LEONARD		NAME		N, LEONA	ry)	Change	☐ Addition	
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CITY-ST-ZIP NW7 4RH		CITY-ST-ZIP	CELEBRATI	IAN FL	347	4-7		
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STREET ADDRESS POB 2826/MILL HILL, LONDON,	UK	STREET ADDRESS	FRANKLI	N, BREN	MA			
NVV/4RIT		CITY-ST-ZIP	CELEBRA	TIMN F	- 34	74-7		
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NAME STREET ADDRESS		NAME						
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STREET ADDRESS		NAME				•		
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CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					ł	
TITLE	D 5-1-4-		<u> </u>					
NAME	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	1	STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP					1	
11. I hereby certify that the information supplied with the	nis filing does not qualify for the		ed in Section 110 07	Y2V() 51+		<u></u>		

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