

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # L01000010925**

1. Entity Name

**FLORIDA EXCLUSIVE VACATION HOMES, L.L.C.**

Principal Place of Business

**1039 BANKS ROSE STREET  
 CELEBRATION FL**

Mailing Address

**1039 BANKS ROSE STREET  
 CELEBRATION FL**

2. Principal Place of Business

**4145 W VINE ST**

3. Mailing Address

**4145 W VINE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KISSIMMEE FL**

City & State

**KISSIMMEE FL**

Zip

Country

**34741**

Zip

Country

**34741**

4. FEI Number

**59-3731650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAVIGNE, JAMES R  
 5301 CONROY ROAD, SUITE 140  
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

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

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGRM FRANKLIN, LEONARD**  
 STREET ADDRESS **POB 2826/MILL HILL, LONDON, UK**  
 CITY-ST-ZIP **NW7 4RH**

TITLE NAME ☐ Delete  
**MGRM FRANKLIN, BRENDA**  
 STREET ADDRESS **POB 2826/MILL HILL, LONDON, UK**  
 CITY-ST-ZIP **NW7 4RH**

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 NAME ☒ Change ☐ Addition  
**PRESIDENT FRANKLIN, LEONARD**  
 STREET ADDRESS **1039 BANKS ROSE ST**  
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE NAME ☒ Change ☐ Addition  
**VICE PRESIDENT FRANKLIN, BRENDA**  
 STREET ADDRESS **1039 BANKS ROSE ST**  
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE NAME ☐ 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

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 REQUIRED FRANKLIN**

**4/17/02**

**4079812788**

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

Date

Daytime Phone #

CR2E083 (9/01)