

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90046 021 ****50.00

DOCUMENT # L01000010925

1. Entity Name

FLORIDA EXCLUSIVE VACATION HOMES, L.L.C.



Principal Place of Business

Mailing Address

**4145 W VINE ST
KISSIMMEE FL 34741**

**4145 W VINE ST
KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

3501 W VINE ST

3501 W VINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 261

SUITE 261

City & State

City & State

KISSIMMEE FL

KISSIMMEE FL

Zip

Country

Zip

Country

34741

34741

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

TITLE **P** ☐ Delete
NAME **FRANKLIN, LEONARD**
STREET ADDRESS **1039 BAWKS ROPE ST**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE **V** ☐ Delete
NAME **FRANKLIN, BRENDA**
STREET ADDRESS **1039 BAWKS ROSE ST**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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

1/8/03

107 931 2789

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

Date

Daytime Phone #

CR2083 (10/02)