

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011913

1. Entity Name
INTERVAL SOFTWARE SERVICES, LLC



Principal Place of Business
**6262 SUNSET DR., PENTHOUSE ONE
MIAMI, FL 33143**

Mailing Address
**6262 SUNSET DR., PENTHOUSE ONE
MIAMI, FL 33143**



04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133709

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KINCKE, VICTORIA J
6262 SUNSET DR., PENTHOUSE ONE
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000133313
04/27/04-80079-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	DP
NAME	NASH, CRAIG M
STREET ADDRESS	6262 SUNSET DRIVE, PENTHOUSE 1
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	DEVP
NAME	MARBERT, JEANETTE E
STREET ADDRESS	6262 SUNSET DRIVE, PENTHOUSE 1
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	DCFO
NAME	DREW, W CARL
STREET ADDRESS	6262 SUNSET DRIVE, PENTHOUSE 1
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	PENCE, N GENE
STREET ADDRESS	6262 SUNSET DRIVE, PENTHOUSE 1
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	S
NAME	KINCKE, VICTORIA J
STREET ADDRESS	6262 SUNSET DRIVE, PENTHOUSE 1
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	AS
NAME	WEST, JENNIFER A
STREET ADDRESS	6262 SUNSET DRIVE, PENTHOUSE 1
CITY-STATE-ZIP	MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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: *Victoria J. Kincke* **Victoria J. Kincke** **4/23/04** **305-666-1861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #