


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011913 1. Entity Name INTERVAL SOFTWARE SERVICES, LLC	
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Principal Place of Business 6262 SUNSET DR., PENTHOUSE ONE MIAMI, FL 33143	Mailing Address 6262 SUNSET DR., PENTHOUSE ONE MIAMI, FL 33143
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04112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1133709	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KINCKE, VICTORIA J 6262 SUNSET DR., PENTHOUSE ONE MIAMI, FL 33143
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**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, 2005**

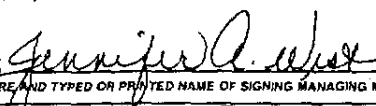
000000340640
04/28/05-80120-025 50.00

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

Jennifer A. West

SIGNATURE:  Assistant Secretary 4/27/05 (305)666-1861

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

Date

Daytime Phone #