FILED Jun 24. 2002 8:00 am

| | | 00017370 | | Secretary of St 05-22-2002 90223 012 ****5 |
|--|---|--|--|--|
| RV I | HOLDING COMPANY, LLC | | | |
| | Place of Business | Mailing Address | | |
| 11380 PROSPERITY FARMS ROAD SUITE 2038 | | 11390 PROSPERITY FARMS ROAD | | |
| PALM BEACH GARDENS FL 33410 | | Suite 2098 Palm Beach Gardens FL 33410 | |) by |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | A SELAL - |
| Zip | Country | Zip | Country | Applied Not App |
| | 6. Name and Address of Curre | nt Registered Accept | | 5. Certificate of Status Desired \$5.00 Additions |
| | | - Branier wheut | Name | 7. Name and Address of New Registered Acces |
| 11 11 | HS CORPORATE SERVICES, INC. 1780 U.S. HIGHWAY ONE | | | Address (P.O. Box Number is Not Acceptable) |
| SUITE 300 NORTH PALM BEACH FL 33408 The above named entity submits this statement | | | | Acceptable) |
| | | | Cin | |
| | | | City | Zip Code |
| | | Make Check P | IOW!!! FEE IS \$ ayable to Depart ue By May 1, 200 | ment of State |
| | MANAGING MEMBE | RS/MANAGERS | 10. | ADDITIONS/CHANGES |
| T ADDRESS | Renaissance Will | Delete | TITLE NAME | ☐ Change ☐ Ado |
| \$1-71P | Renaissance WIG | arms Rd | STREET ADDRESS | |
| | SULLE STOCK | | CITY-ST-ZIP | |
| T ADDRESS | Palm Beach Gara | len . Fr 33410 | NAME | ☐ Change ☐ Addi |
| ST-ZIP | | 1. 0 | STREET ADDRESS CITY-ST-ZIP | |
| · - - | - 6 | ☐ Delete | TITLE | |
| ADORESS 1-ZIP | | | STREET ADDRESS | ☐ Change ☐ Addit |
| | | | CITY-ST-ZIP | |
| | | ☐ Delete | TITLE NAME | ☐ Change ☐ Addil) |
| ADORESS - Zip | | | STREET AODRESS | |
| +- | | | CITY-ST-ZIP | <u> </u> |
| ODRESS | | ☐ Deleta | TITLE Name | ☐ Change ☐ Additio |
| ZIP | | | STREET ADDRESS | • |
| | | ☐ Celete | CITY-ST-2IP TITLE | |
| DORESS | | | NAME | ☐ Change ☐ Addition |
| | | | STREET ADDRESS CITY-ST-ZIP | |
| ZIP | the that the information in | o filling of | | <u></u> |
| roby and | this report is true and accurate and the | t my signature should be | e exemption stated is | n Section 119,07(3)(i) Florida Statuta II |
| roby and | this report is true and accurate and that the company or the receiver or trustee en | s filing does not qualify for the t my signature shall have the powered to execute his rep | e exemption stated in same legal effect as as required by Ci | in Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath, that I am a managing member or manager of the hapter 608, Florida Statutes. |