

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90134 014 *****55.00



DOCUMENT # L01000017370
 1. Entity Name
 RV HOLDING COMPANY, LLC

Principal Place of Business
 11380 PROSPERITY FARMS ROAD
 SUITE 209B
 PALM BEACH GARDENS, FL 33410

Mailing Address
 11380 PROSPERITY FARMS ROAD
 SUITE 209B
 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 05-0567719

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

~~THE CORPORATE SERVICES XXXXX
 11780 U.S. HIGHWAY ONE
 SUITE 300
 NORTH PALM BEACH, FL 33408~~

7. Name and Address of New Registered Agent

Name
 Haile, Shaw & Pfaffenberger, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 11780 U.S. Highway One, Suite #300

City
 North Palm Beach FL Zip Code
 33408

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 Oren S. Tasini Oren S. Tasini, Director DATE 01-08-04

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENAISSANCE VILLAGE, INC. 11380 PROSPERITY FARMS RD., STE 209B PALM BEACH GARDEN, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rev. Lee J. Crumbrink 4/28/04 (561) 776-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #