

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90046 050 \*\*\*\*55.00

**DOCUMENT # L01000017370**

1. Entity Name  
**RV HOLDING COMPANY, LLC**



Principal Place of Business  
**2700 PGA BOULEVARD  
 SUITE 103  
 PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**2700 PGA BOULEVARD  
 SUITE 103  
 PALM BEACH GARDENS, FL 33410 US**

40057923



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

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

04202006 Chg-LLC CR2E083 (11/05)

City & State  
 Zip Country

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		7. Name and Address of New Registered Agent	
<b>HAILE, SHAW &amp; PFAFFENBERGER, P.A.                      11780 U.S. HIGHWAY ONE                      SUITE 300                      NORTH PALM BEACH, FL 33408</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENAISSANCE VILLAGE, INC. 2700 PGA BOULEVARD SUITE 103 PALM BEACH GARDEN, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Dev. Leo J. Chambers* **4-20-06 561-716-0890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #