

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90001 002 \*\*\*\*50.00

**DOCUMENT # L02000005033**



1. Entity Name  
**ORLANDO HOLIDAY HOMES, L.L.C.**

Principal Place of Business  
116 POLO PARK EAST BLVD.  
UNIT 116  
DAVENPORT, FL 33897

Mailing Address  
116 POLO PARK EAST BLVD.  
UNIT 116  
DAVENPORT, FL 33897



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0568610

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CATHCART, CHRISTOPHER C**  
210 N. WYMORE ROAD  
WINTER PARK, FL, 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MANAGER  Delete  
NAME: FLORIDA TEAM NGMT LLC  
STREET ADDRESS: 16791 S.E Hwy 42  
CITY-ST-ZIP: WECUSDOLE, FL 32195

Change  Addition

TITLE: MANAGING PARTNER  Delete  
NAME: HELDI DEMPSEY  
STREET ADDRESS: 922 LA SCALA DRIVE  
CITY-ST-ZIP: ORLANDO, FL 34786

Change  Addition

TITLE: MANAGER  Delete  
NAME: LIBERTY VACATION HOMES USA LLC  
STREET ADDRESS: 1119 CLEAR CREEK CIRCLE  
CITY-ST-ZIP: CLERMONT, FL 34711

Change  Addition

TITLE:  Delete

Change  Addition

TITLE:  Delete

Change  Addition

TITLE:  Delete

Change  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 606, Florida Statutes.

SIGNATURE: HELDI DEMPSEY 2/21/03 863 424 1981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)