

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90088 009 \*\*\*150.00

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

DOCUMENT # L02000011848

1. Entity Name  
**GREAT ESCAPES VACATIONS, L.L.C.**



Principal Place of Business  
**268 AMBERWOOD COURT  
ORMOND BEACH, FL 32174**

Mailing Address  
**268 AMBERWOOD COURT  
ORMOND BEACH, FL 32174**

2. Principal Place of Business

3. Mailing Address  
**231 Riverside Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Holly Hill, FL**

Zip

Country

Zip  
**32117**

Country  
**USA**

4. FEI Number  
**45-0477476**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REINMAN, JAMES L ESQ.  
1825 RIVERVIEW DRIVE  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

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

TITLE  
**MGR** ☐ Delete  
NAME  
**GEV, INC.**  
STREET ADDRESS  
**268 AMBERWOOD COURT**  
CITY-ST-ZIP  
**ORMOND BEACH, FL 32174**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
**MGR** ☒ Change ☐ Addition  
NAME  
**GEV, Inc.**  
STREET ADDRESS  
**231 Riverside Drive**  
CITY-ST-ZIP  
**Holly Hill, FL 32117**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: **CTLYNCL**

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

Date

Daytime Phone #

**4-30-2003**

**3866790459**

**CTLYNCL**

CR2E083 (10/02)