

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90113 028 ****50.00

DOCUMENT # L02000012100					
1. Entity Name RESORT CONTRACT SALES, LLC					
Principal Place of Business 7812 ROSEHALL COVE BRADENTON, FL 34202			Mailing Address 7812 ROSEHALL COVE BRADENTON, FL 34202		
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 84-1423655	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, CHARLES P JR. 7812 ROSEHALL COVE BRADENTON, FL 34202			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, CHARLES P JR 7812 ROSEHALL COVE BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out] Blank
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, JULIE G 7812 ROSEHALL COVE BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out] Blank
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out] Blank
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Scribbled out]
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: <i>Charles P. Warren Jr.</i> 4/12/04 941-373-6321					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					