

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013126

FILED  
Jul 16, 2004  
Secretary of State

Entity Name: BEST FLORIDA VACATIONS LLC

## Current Principal Place of Business:

4969 VIICEROY STREET  
CAPE CORAL, FL 33904

## New Principal Place of Business:

2804 DEL PRADO BLVD  
SUITE 209  
CAPE CORAL, FL 33904

## Current Mailing Address:

1 NORTH ALEX ROAD  
WEST CARROLLTON, OH 45449

## New Mailing Address:

8235 OLD TROY PIKE  
SUITE 123  
DAYTON, OH 45424

FEI Number: 01-0728285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW OFFICES OF ROBERT E. BONE, JR., LLC  
2804 DEL PRADO BLVD  
SUITE 209  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: YOUNG, TOM  
Address: 1 NORTHALEX ROAD  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: CEO (X) Delete  
Name: SMITH, MICHAEL  
Address: 1 NORTH ALEX ROAD  
City-St-Zip: WEST CARROLLTON, OH 45449

Title: V (X) Delete  
Name: KRUG, JERRY  
Address: 2770 TORREY PINES  
City-St-Zip: BEAVER CREEK, OH 45431

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: YOUNG, THOMAS G  
Address: 8350 TAYLORSVILLE ROAD  
City-St-Zip: HUBER HEIGHTS, OH 45424

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS G YOUNG

MGRM

07/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date