


FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90110 012 ****50.00

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

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # <i>L02000016436</i> |  |
| 1. Entity Name PASSPORT HOLIDAYS, LLC | |

DO NOT WRITE IN THIS SPACE

20015090

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 400 S. Atlantic Ave. Suite, Apt. #, etc. Suite 114 City & State Ormond Beach, FL Zip 32176 Country USA | 3. Mailing Address 301 Duck Road Suite, Apt. #, etc. City & State Grandview, MO Zip 64030 Country USA |
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DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 4. FEI Number 04-3702129 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | | |
|-----------------------------------|--------------------------------------------------------------------------------|---------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name CT Corporation System | |
| | Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road | |
| | City Plantation | FL Zip Code 33324-4413 |

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

| 9. MANAGING MEMBERS/MANAGERS | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member Beachpoint Holdings, LLC 301 Duck Road Grandview, MO 64030 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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.

BEACHPOINT HOLDINGS, LLC, Managing Member

SIGNATURE:

By: *Norman Jacobs*

Jan. 15, 2003

816-966-1359

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

Date

Daytime Phone #

CR2E083B (12/02)