2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L02000016876**

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90181 047 ****50.00

Jan. 12, 2005 913-859-9752

Entity Name VACATION GRAND GETAWAYS, LLC								
Principal Place of Business 433 SILVER BEACH AVENUE SUITE 204 DAYTONA BEACH, FL 32118 US		Mailing Address 301 DUCK ROAD GRANDVIEW, MO 64030 US				20002354		
2. Principal Place of Business		3. Mailing Address C/O ProSource, LLC						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 8614 Ouivira				01122005 Chg-LLC CR2E083 (10/03)		
City & State		City & State Lenexa, KS					pplicable	
Zip	Country	66 ^Z 215	Coun	usa.		5. Certificate of Status Desired S5.00 Addition Fee Required	nai	
	6. Name and Address of Current R	legistered Agent		Name		7. Name and Address of New Registered Agent		
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324			dress ((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 accertifications of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable, (NOTE:	Registere	d Agent signature	e required	ured when reinstating) DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2005					Make check payable to Florida Department of State		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEACHPOINT HOLDINGS, LLC 301 DUCK ROAD GRANDVIEW, MO-64030	☐ Delete				Dischange C 505 Oak Hammock Court Sonce Inlet. FL 32127-2223	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	Lau 124	-	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1		•	Change [Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	- 1		☐ Change (Addition	
i indicated	certify that the information supplied with to on this report is true and accurate and ability company or the receiver or trustee BEACH POLINT HO	that my signature shall have t	he cam	e lecal elfec	rt ne if s	Section 119.07(3)(i), Florida Statutes. I further certify that the info if made under oath; that I am a managing member or manager of the following statutes.	rmation of the	

Norman Jacobs, Mgr.

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