

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

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

01-22-2003 90110 010 \*\*\*\*50.00

DOCUMENT # **L02000016876**

1. Entity Name

VACATION GRAND GETAWAYS, LLC



**DO NOT WRITE IN THIS SPACE**

20015082

2. Principal Place of Business

231 Riverside Drive

Suite, Apt. #, etc.

3. Mailing Address

301 Duck Road

Suite, Apt. #, etc.

City & State

Holly Hills, FL

City & State

Grandview, MO

Zip

32117

Country

USA

Zip

64030

Country

USA

4. FEI Number

02-0632103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**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  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

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

Norman Jacobs, Managing Member

Jan. 15, 2003 816-966-1359

Date

Daytime Phone #

CR2E083B (12/02)