

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90012 030 ****50.00

DOCUMENT # L02000018583



1. Entity Name
O & R VACATION INVESTMENTS, LLC

Principal Place of Business

**11440 U.S. HIGHWAY ONE
N. PALM BEACH FL 33408**

Mailing Address

**11440 U.S. HIGHWAY ONE
N. PALM BEACH FL 33408**

2. Principal Place of Business

Suite, Apt. #, etc.
11456 US #1

City & State
NORTH PALM BEACH, FL

3. Mailing Address

Suite, Apt. #, etc.
11456 US #1

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
USA

Zip
33408

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-6603823

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARY, JOHN W III
701 U.S. HIGHWAY ONE, SUITE 402
N. PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER ☐ Delete
NAME
SHARON K. REBACK
STREET ADDRESS
11235 OLD HARBOUR ROAD
CITY-ST-ZIP
NO. PALM BEACH, FLORIDA 33408

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SHARON K. REBACK

SIGNATURE:

SHARON K. REBACK

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

1.14.03 561-685-9215

Date

Daytime Phone #

CR2E083 (10/02)