

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90028 010 \*\*\*\*50.00

**DOCUMENT # L03000005874**

1. Entity Name  
AMERICAN VACATIONS UNLIMITED, LLC



Principal Place of Business

88 N.E. FIFTH AVENUE  
DELRAY BEACH, FL 33483

Mailing Address

88 N.E. FIFTH AVENUE  
DELRAY BEACH, FL 33483

2. Principal Place of Business

3300 SW 14th Place

Suite, Apt. #, etc.

Unit 3

City & State

Boynton Beach, FL

Zip

33426-9034

Country

USA

3. Mailing Address

3300 SW 14th Place

Suite, Apt. #, etc.

Unit 3

City & State

Boynton Beach, FL

Zip

33426-9034

Country

USA

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number

43-2000219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHONE, LARRY T  
72 N.E. 5TH AVENUE  
DELRAY BEACH, FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SCHMIDT, WILLIAM C ☒ Delete  
STREET ADDRESS 88 N.E. FIFTH AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR  
NAME MULLER, KEVIN ☐ Delete  
STREET ADDRESS 88 N.E. FIFTH AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGR  
NAME PENNINGTON, JOHN ☐ Delete  
STREET ADDRESS 88 N.E. FIFTH AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 3300 SW 14th Place Unit 3  
CITY-ST-ZIP Boynton Beach, FL 33426-9034

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 3300 SW 14th Place Unit 3  
CITY-ST-ZIP Boynton Beach, FL 33426-9034

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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.

SIGNATURE:

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

Date

Daytime Phone #

Kevin D Muller

4-13-04

561-278-2294