

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018095

FILED  
May 29, 2005  
Secretary of State

**Entity Name:** UNIQUE FLORIDA VACATIONS LLC

**Current Principal Place of Business:**

3991 50TH AVE SOUTH  
SAINT PETERSBURG, FL 33711 US

**New Principal Place of Business:**

**Current Mailing Address:**

3991 50TH AVE SOUTH  
SAINT PETERSBURG, FL 33711 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LACA, NITA  
3991 50TH AVE SOUTH  
SAINT PETERSBURG, FL 33711 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LACA, NITA  
Address: 3991 50TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33711 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NITA LACA

MGR

05/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date