

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90567 034 ****50.00

DOCUMENT # L03000023892

1. Entity Name

DREAM VACATIONS INTERNATIONAL, LLC



Principal Place of Business

445 3RD AVENUE NORTH
ST. PETERSBURG FL 33715

Mailing Address

445 3RD AVENUE NORTH
ST. PETERSBURG FL 33715

2. Principal Place of Business

1 Progress Plaza
Suite, Apt. #, etc.
800

3. Mailing Address

1 Progress Plaza
Suite, Apt. #, etc.
800

City & State

St. Petersburg, Florida
Zip
33701
Country
USA

City & State

St. Petersburg, Florida
Zip
33701
Country
USA

4. FEI Number

56-2366455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, ERICA
445 3RD AVENUE NORTH
ST. PETERSBURG FL 33715

CHANGE OF ADDRESS:

1 progress Plaza
Suite # 800
St. Petersburg, FL 33701

7. Name and Address of New Registered Agent

Name Drake, Erica

Street Address (P.O. Box Number is Not Acceptable)
1 Progress Plaza Ste. 800

City St. Petersburg

FL

Zip Code
33701

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 fee 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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DRAKE, ERICA K
STREET ADDRESS 445 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE MGR ☐ Delete
NAME ADAMSKI, JOSEPH P
STREET ADDRESS 445 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE MGR ☐ Delete
NAME ADAMSKI, JUDY D
STREET ADDRESS 445 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

Erica K. Drake

ERICA K. DRAKE

5/1/04 (727) 895-7900

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

Date

Daytime Phone #