FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90061 008 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028804

1. Entity Name
MARINER'S CLUB BAHIA BEACH VACATIONS LLC

34006148

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE, SUITE 400 FORT MYERS, FL 33907	12800 UNIVERSITY DRIVE, SUITE 400 FORT MYERS, FL 33907

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0131077 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLES PT PHOENIX, ESQ. 12697 NEW BRITTANY BLVD. FORT MYERS, FL 33907	Name: Scott W. Callahan Street Address (P.O. Box Number is Not Acceptable): 37 North Orange Avenue Suite 200 City: Orlando FL Zip Code: 32801

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 Scott W. Callahan 4/7/04
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME DAVE CLARK STREET ADDRESS 12800 UNIVERSITY DR., STE 400 CITY-ST-ZIP FORT MYERS, FL 33907	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME MICHAEL ROSEN STREET ADDRESS 12800 UNIVERSITY DR., STE 400 CITY-ST-ZIP FORT MYERS, FL 33907	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME DOUGLASS CORDELLO STREET ADDRESS 12800 UNIVERSITY DR., STE 400 CITY-ST-ZIP FORT MYERS, FL 33907	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Douglas Cordello 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #