


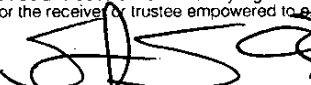
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90048 026 ****50.00

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DOCUMENT # L03000042527					
1. Entity Name ALL IN ONE VACATION CLUB, L.L.C.					
Principal Place of Business 110 EAST GRANDADA BLVD., SUITE 104 ORMOND BEACH, FL 32176			Mailing Address 110 EAST GRANDADA BLVD., SUITE 104 ORMOND BEACH, FL 32176		
2. Principal Place of Business 100 EAST GRANADA BLVD		3. Mailing Address 100 EAST GRANADA BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL		4. FEI Number 20-1060272	
Zip 32176		Country USA		Applied For Not Applicable	
Zip 32176		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAUGHAN, KATHRYN A ESQ. 110 EAST GRANDADA BLVD., SUITE 104 ORMOND BEACH, FL 32176			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 to change the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHLOSSBERG, STEVEN 100 EAST GRANDADA BLVD. ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR COLTELLI, LARRY 100 EAST GRANADA BLVD. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGR KANDEL, MARTIN M. 100 EAST GRANADA BLVD. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  STEVEN SCHLOSSBERG, 2/23/05 386-251-2026 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MGR Date Daytime Phone #					