

006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042527

1. Entity Name
ALL IN ONE VACATION CLUB, L.L.C.



Principal Place of Business
100 EAST GRANADA BLVD
ORMOND BEACH, FL 32176

Mailing Address
100 EAST GRANADA BLVD
ORMOND BEACH, FL 32176



01312008 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1060272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHLOSSBERG, STEVEN
STREET ADDRESS	100 EAST GRANADA BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	COLTELLI, LARRY
STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	KANDEL, MARTIN M
STREET ADDRESS	100 EAST GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-80109-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STEVE SCHLOSSBERG

1-31-06 386-257-2024

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

Date

Daytime Phone #