## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 08, 2007 8:00 am DOCUMENT # L03000042527 **Secretary of State** 02-08-2007 90141 004 \*\*\*\*50.00 ALL IN ONE VACATION CLUB, L.L.C. Principal Place of Business Mailing Address 100 EAST GRANADA BLVD 100 EAST GRANADA BLVD IDAKTAAA ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1060272 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAUGHAN, KATHRYN A ESQ. Street Address (P.O. Box Number is Not Acceptable) 110 EAST GRANDADA BLVD., SUITE 104 ORMOND BEACH, FL 32176 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR TITLE ☐ Defete TITLE Addition SCHLOSSBERG, STEVEN NAME NAME 100 EAST GRANADA 100 EAST GRANDADA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE NAME COLTELLI, LARRY MARAE 100 EAST GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32716 MGRM Delete TITLE ☐ Change ☐ Addition TITLE KANDEL, MARTIN M NAME NAME STREET ADDRESS 100 EAST GRANADA BLVD STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 5TEVE SCHLDSBERG 7-2-07 (3%) 257-702 (3%) 257-

STREET ADDRESS

CITY-ST-ZIP