

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000045249

1. Entity Name
IMPERIAL MAJESTY VACATIONS FT. LAUDERDALE, LLC



Principal Place of Business
2419 E. COMMERCIAL BLVD., STE. 100
FORT LAUDERDALE, FL 33308

Mailing Address
2419 E. COMMERCIAL BLVD., STE. 100
FORT LAUDERDALE, FL 33308

34005952

2. Principal Place of Business
550 Fairway Drive
Suite, Apt. #, etc.
#107

3. Mailing Address
Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

City & State

Zip
33441

Zip

Country

02202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
00-0401500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WASSERSTROM, ELLEN
100 W. CYPRESS CREEK RD., STE. 700
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2004**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
LAMBERT, DANIEL
2419 E. COMMERCIAL BLVD., STE. 100
FORT LAUDERDALE, FL 33308**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
VERRILLO, JAMES
2419 E. COMMERCIAL BLVD., STE. 100
FORT LAUDERDALE, FL 33308**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MANAGER
HEYDEN, CHRISTINA
2419 E. COMMERCIAL Blvd., STE 100
Ft. Lauderdale, FL 33308**

Delete

TITLE
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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: *Christine Heyden*

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

4/20/04

954-630-9449

Date Daytime Phone #