2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State
05-04-2006 90026 038 ****50.00

DOCUMENT # L05000066729

1. Entity Name

CITYVIEW VACATIONS, LLC

Principal Place of Business	Mailing Address
1441 W. 30TH ST. RIVIERA BEACH FL 33404	1441 W. 30TH ST. RIVIERA BEACH FL 33404

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1441 W 30th St	1441 W 30th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riviera Beach, FL	City & State: Riviera Beach, FL
Zip: 33404 Country: Palm Beach	Zip: 33404 Country: Palm Beach

4. FEI Number 20-3194443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, GRIFFIN REV
1441 W 30TH ST
RIVIERA BEACH FL 33404

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PResident Rev. GRiffin Davis 1441 w 30th St Riviera Beach, FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SecRetoRy Hughetta Davis 1441 w 30th St Riviera Beach, FL 33404	☐ 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
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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 exemptions contained in Section 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: [signature] Davis Rev. GRiffin Davis 4-24-06 561-842-6591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #