2007 LIMITED LIABILITY COMPANY

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L05000081052** 05-01-2007 90321 039 ****50.00 EUROAMERICA VACATION HOMES, LLC Principal Place of Business Mailing Address 3911 E COLONIAL DR C/O WHITLEY & COMPANY - ~ 4 U ORLANDO, FL 32806~ P.O. BOX 536973 ORLANDO, FL 32853-6973 2. Principal Place of Business - No P.O. Box # 3911 E Colonial DR 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. EEL Number 20-3327573 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNTER, DAVID Street Address (P.O. Box Number is Not Acceptable) 3911 E COLONIAL DR ORLANDO, FL 32803 City 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. Houter SIGNATURE LAVID stered agent and trie if annicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE President, Broken Change ☐ Addition HUNTER, DAVID NAME David Huutea. 3911 E Colonial Da NAME STREET ADDRESS 3911 E COLONIAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-7P Orlando F1 32803 V.P. MAC AULAY JAIN MAC AULAY 3911 E. COLODIAL De. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OR14Ndo . F1 32803 CITY-ST-ZIP TITLE Delete TITLE Change Addition JORN EIVIK. 3911 E COLONIAL DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORIANDO FI 32803 City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with his 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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

26/01 DAVID M. HUNTER IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE