

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

10/2

9-15-06  
150.00

FILED

06 NOV -1 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000100435

1. Entity Name  
TRANSFER MY TIMESHARE, LLC



Principal Place of Business  
#450  
478 E ALTAMONTE SPRINGS DR SUITE 108  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
#450  
478 E ALTAMONTE SPRINGS DR SUITE 108  
ALTAMONTE SPRINGS, FL 32701



2. Principal Place of Business  
Suite, Apt. #, etc.

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

08032006 Chg-LLC CR2E083 (11/05)

City & State  
Zip Country

4. FEI Number  
20.3618495

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

REIN, LUCINDA A GONZALEZ  
200 MAITLAND AVE UNIT 1  
ALTAMONTE SPRINGS, FL 32701

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR GONZALEZ ☐ Delete  
NAME REIN, LUCINDA A  
STREET ADDRESS 200 MAITLAND AVE UNIT 1  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE P ☐ Delete  
NAME SELWAY, LAURA  
STREET ADDRESS 3073 RIVER RD  
CITY-ST-ZIP ELKTON, VA 22827

TITLE P ☐ Delete  
NAME TREMBLAY, JASON  
STREET ADDRESS 3 MARGARET LANE  
CITY-ST-ZIP LEE, NH 03824

TITLE P ☐ Delete  
NAME ELDRIDGE, MARK  
STREET ADDRESS 10 CLINTON ST  
CITY-ST-ZIP GORFSTOWN, NH 03045

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300080696699  
CITY-ST-ZIP 10/10/06--01070--017 \*\*55.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300080696699  
CITY-ST-ZIP 11/08/06--01009--021 \*\*95.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11/05/06 (603) 365-5154  
Date Daytime Phone #

REINSTATEMENT

06  
11-16  
Cull



000012

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

STATE OF FLORIDA - COUNTY OF ORANGE

I HEREBY CERTIFY that this is a copy of  
the document as recorded in this office.

MARTHA O. HAYNIE, COUNTY COMPTROLLER

By: [Signature], D.C.DATED: JUN 9 2005  
MLB-05-0000473

(STATE FILE NUMBER)



INSTR 20050384080

OR BK 08009 PG 2600 PGS-1

MARTHA O. HAYNIE, COMPTROLLER

ORANGE COUNTY, FL

06/09/2005 10:49:08 AM

REC FEE 0.00

LAST PAGE

(APPLICATION NUMBER)

## APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) <b>ERVIN GONZALEZ</b>			2. DATE OF BIRTH (Month, Day, Year) <b>11/22/1946</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>ALTAMONTE SPRINGS</b>		3b. COUNTY <b>SEMINOLE</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>LUCINDA ANN REIN</b>			5b. MAIDEN SURNAME (if different) <b>BROWN</b>		6. DATE OF BIRTH (Month, Day, Year) <b>09/22/1947</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>ALTAMONTE SPRINGS</b>		7b. COUNTY <b>SEMINOLE</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>MASSACHUSETTS</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

[Signature: Ervin Gonzalez]  
DEPUTY CLERK

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

05/11/2005

12. SIGNATURE OF OFFICIAL (Use black ink)

[Signature: Martha O. Haynie]  
05/11/2005

13. SIGNATURE OF BRIDE (Sign full name using black ink)

[Signature: Lucinda Ann Rein]  
DEPUTY CLERK

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

05/11/2005

16. SIGNATURE OF OFFICIAL (Use black ink)

[Signature: Martha O. Haynie]  
05/11/2005

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

ORANGE

18. DATE LICENSE ISSUED

05/11/2005

18a. DATE LICENSE EFFECTIVE

05/14/2005

19. EXPIRATION DATE

07/10/2005

20a. SIGNATURE OF COURT CLERK OR JUDGE

[Signature: Stephen Luba]  
CLERK OF THE CIRCUIT COURT

20b. TITLE

CLERK OF THE CIRCUIT COURT

20c. BY D.C.

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

JUNE 4 2005

22. CITY, TOWN, OR LOCATION OF MARRIAGE

LEU GARDENS WINTER PARK, FLORIDA

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

[Signature: Stephen Luba]  
STEPHEN LUBA, PASTOR  
CHRISTIAN OUTREACH CENTER

23c. ADDRESS (Of person performing ceremony)

3106 TELFORD LN, DELTONA FL 32732

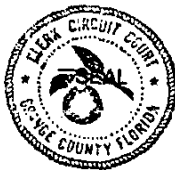
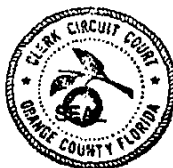
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For notary states)

STEPHEN LUBA, PASTOR  
CHRISTIAN OUTREACH CENTER

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

[Signature: [illegible]]  
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

[Signature: [illegible]]



SEAL