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Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90178 034 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000014686

1. Entity Name
FOUR JAYS HOLIDAYS, LLC.

60030267

Principal Place of Business	Mailing Address
240 SANDS POINT ROAD APT. 4201 LONGBOAT KEY, FL 34228 US	C/O MARCELL FELIPE, 1401 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8648153 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELIPE, MARCELL 1401 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131	Name: Renea M. Glendinning, CPA Street Address (P.O. Box Number is Not Acceptable): 1950 Main Street, Suite 801 City: Sarasota FL Zip Code: 34236

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: Renea M. Glendinning — 3/26/07
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARMAN, JOHN C 240 SANDS POINT ROAD, APT. 4201 LONGBOAT KEY, FL 34228	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARMAN, JACQUELINE 240 SANDS POINT ROAD, APT. 4201 LONGBOAT KEY, FL 34228	☐ 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
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 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: [signature] JOHN C SHARMAN — 19 MARCH 2007 — +441932 865684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #