

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022804

Entity Name: INTERVAL GROUP L.L.C.

FILED
Jun 18, 2009
Secretary of State

Current Principal Place of Business:

7065 WESTPOINTE BLVD, STE 309
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7065 WESTPOINTE BLVD, STE 309
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 26-2089889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHERNITSYN, EVGENY
7512 DR PHILLIPS BLVD. SUITE 50-960
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CHERNITSYN, EVGENY OWNER
7065 WESTPOINT BLVD SUITE 309
309
ORLANDO, FL 32819 US

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.

SIGNATURE: EVGENY CHERNITSYN

06/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHERNITSYN, EVGENY
Address: 7512 DR PHILLIPS BLVD. SUITE 50-960
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHERNITSYN, EVGENY MGRM
Address: 7065 WESTPOINT BLVD SUITE 309
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Change (X) Addition
Name: CHERNITSYN, EVGENY MGRM
Address: 7065 WESTPOINT BLVD SUITE 309
City-St-Zip: ORLANDO, FL 32835

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Name: CHERNITSYN, EVGENY MGRM
Address: 7065 WESTPOINT BLVD SUITE 309
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Change (X) Addition
Name: CHERNITSYN, EVGENY MGRM
Address: 7065 WESTPOINT BLVD SUITE 309
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EVGENY CHERNITSYN

MGRM

06/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date