## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L08000095847

Title:

Name:

Address:

City-St-Zip:

() Delete

6500 N. MILITARY TRAIL #069

WEST PALM BEACH, FL 33407

LUCKE, MARION

FILED Jul 30, 2009 Secretary of State

Entity Name: VACATION INN RESORT REALTY OF THE PALM BEACHES, LLC

**Current Principal Place of Business: New Principal Place of Business:** 6500 N. MILITARY TRAIL WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** 6500 N. MILITARY TRAIL WEST PALM BEACH, FL 33407 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POTERE, ROBERT 6500 NORTH MILITARY TRAIL #533 WEST PALM BEACH, FL 33407 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete POTERE, ROBERT Name: Name: 6500 N. MILITARY TRAIL #533 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition PAGNEULO, PAUL Name: Name: Address: 6500 N. MILITARY TRAIL Address: City-St-Zip: WEST PALM BEACH #563, FL 33407 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VAN NORMAN, PAMELA Name: Name: 6500 N. MILITARY TRAIL #445 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: (X) Change ( ) Addition Title: MGR ( ) Delete Title: MGR Name: KEELEY, IRVINE I Name: LUCKE, MARION I 6500 N. MILITARY TRAIL #069 6500 N. MILITARY TRAIL #565 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: MGR () Delete Title: MGR (X) Change ( ) Addition MAAS, ARLIN SHUFF, CHARLES Name: Name: 6500 N. MILITARY TRAIL #271 6500 N. MILITARY TRAIL Address: Address: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition

LITTLE. ROBERT

6500 N. MILITARY TRAIL WEST PALM BEACH, FL 33407

SIGNATURE: ROBERT POTERE MGR 07/30/2009