

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000095847

FILED
Sep 19, 2011
Secretary of State

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

Current Principal Place of Business:

6500 N. MILITARY TRAIL
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

6500 N. MILITARY TRAIL
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 26-3814425 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEINBRECH, WILLIAM C
6500 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Title: MGR
Name: VAN NORMAN, PAMELA
Address: 6500 N. MILITARY TRAIL #445
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR
Name: PAGNEULO, PAUL
Address: 6500 N. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH #563, FL 33407

Title: MGR
Name: DUNCAN, WILLIAM
Address: 6500 N. MILITARY TRAIL #95
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR
Name: LUCKE, MARION
Address: 6500 N. MILITARY TRAIL #69
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR
Name: SHUFF, CHARLES
Address: 6500 N. MILITARY TRAIL #258
City-St-Zip: WEST PALM BEACH, FL 33407

Title: PRES
Name: BEINBRECH, WILLIAM C
Address: 6500 N MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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: PAMELA VANNORMAN

MGR

09/19/2011

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