

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90559 037 \*\*\*\*55.00

**DOCUMENT # L97000001056**

1. Entity Name  
**ADVANTAGE RESORT MARKETING, L.C.**



Principal Place of Business  
**1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND, FL 33801**

Mailing Address  
**1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND, FL 33801**

49000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3472781**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HAASER, HAROLD F  
1125 US HIGHWAY 98 SOUTH, STE. 200  
LAKELAND, FL 33801**

## 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

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, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **ST. JOHN, JOSEPH P**  
STREET ADDRESS **1125 US HIGHWAY 98 SOUTH, STE. 200**  
CITY - ST - ZIP **LAKELAND, FL 33801**

TITLE **MEM** ☐ Delete  
NAME **HAASER, HAROLD**  
STREET ADDRESS **1125 US HIGHWAY 98 SOUTH, STE. 200**  
CITY - ST - ZIP **LAKELAND, FL 33801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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CITY - ST - ZIP

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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 exemption stated in Section 119.07(3)(i), 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:** *Harold F. Haaser*

**03.22.04**

**863-686-1400**

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

Date

Daytime Phone #