FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90761 031 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

J0036664

DOCUMENT # L99000000716

1. Entity Name
STARFISH SERVICES, LLC

Principal Place of Business	Mailing Address
267 N. COLLIER BLVD # 204 NAPLES, FL 34110	9267 N. COLLIER BLVD # 204 NAPLES, FL 34110

2. Principal Place of Business	3. Mailing Address
267 BALD EAGLE DR.	P.O. BOX 369
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARCO ISLAND, FL	City & State: MARCO ISLAND, FL
Zip: 34145 Country: U.S.A.	Zip: 34146-0369 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3553849 — 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
ROLLER, WALTER 267 N. COLLIER BLVD # 204 MARCO ISLAND, FL 34145	Name: ROLLER WALTER Street Address (P.O. Box Number is Not Acceptable): 1700 WATSON RD City: MARCO ISLAND FL Zip Code: 34145

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	E.V.S. VACANCES SYSTEM	NAME	SCHEYER & MEUTSCH GBR
STREET ADDRESS	BERGE & MEER ROEMERGRABEN 6	STREET ADDRESS	ANDREESTR. 27
CITY-ST-ZIP	56579 RENGSDORF, GERMANY,	CITY-ST-ZIP	56579 RENGSDORF, GERMANY
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	COAST TO COAST REALTY	NAME	COAST-TO-COAST R.
STREET ADDRESS	267 N. COLLIER BLVD #	STREET ADDRESS	276 BALD EAGLE DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: W. Roller WALTER ROLLER 4/15/03 2393899446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #