2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L99000000732

Entity Name: CVC EXCHANGE L.L.C.

Current Principal Place of Business:

1405 XENIUM LANE NORTH
PLYMOUTH, MN 55441

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 59159
ATTN: TAX DEPT.
MINNEAPOLIS, MN 554598250

New Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRM ( ) Delete
Name: CARLSON VACATION OWN, ERSHIP, INC.
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: MGR ( ) Delete
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: BEHA, RALPH W
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH W. BEHA MGR 04/20/2005

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