2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005126

1. Entity Name
SANDS VACATION INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919	4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919-1019

DO NOT WRITE IN THIS SPACE

MMM

2. Principal Place of Business	3. Mailing Address
c/o Thomas J. Davis, Jr.	c/o Thomas J. Davis, Jr.
Suite, Apt. #, etc. 150 Alhambra Cr., Ste. 1260	Suite, Apt. #, etc. 150 Alhambra Cr., Ste. 1260
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip / Country 33134-4535 / USA	Zip / Country 33134-4535 / USA

4. FEI Number
65-0940711
☐ 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
DAVIS, THOMAS J JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919	Name: Thomas J. Davis, Jr., Attorney at Law Street Address (P.O. Box Number is Not Acceptable): 150 Alhambra Circle Suite 1260 City: Coral Gables **FL** Zip Code: 33134-4535

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVIS, THOMAS J JR. 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Davis, Thomas J., Jr. 150 Alhambra Circle, Suite 1260 Coral Gables, FL 33134-4535
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVIS, JO ANN 4575 VIA ROYALE, SUITE 206 FORT MYERS FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☒ Change ☐ Addition Davis, Jo Ann 150 Alhambra Circle, Suite 1260 Coral Gables, FL 33134-4535
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003249977--7 -05/12/00--01024--012 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 4/25/00 (941) 939-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

Thomas J. Davis, Jr. Manager