


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90690 007 *****55.00

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| DOCUMENT # L99000005162 |  |
| 1. Entity Name PINNACLE VACATION RENTALS, L.L.C. | |

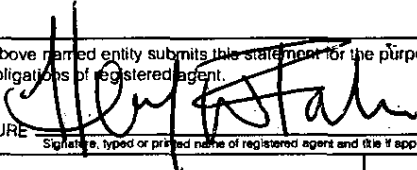
DO NOT WRITE IN THIS SPACE

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|--|--------------------------|--|--------------------------|--|--|
| 2. Principal Place of Business 5260 West Irls Bronson Hwy. | | 3. Mailing Address 5260 West Irls Bronson Hwy. | | DO NOT WRITE IN THIS SPACE | |
| Suite, Apt. #, etc. Suite 115 | | Suite, Apt. #, etc. Suite 115 | | | |
| City & State Kissimmee, Florida | | City & State Kissimmee, Florida | | | |
| Zip 34746 | Country U.S.A. | Zip 34746 | Country U.S.A. | 4. FEI Number 59-3593370 | Applied For <input type="checkbox"/> Not Applicable |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

| | |
|--|--------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name Spiegel & Utrera, P.A. | |
| Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor | |
| City Miami | FL Zip Code 33145 |

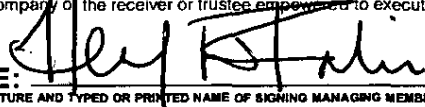
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Henry W Palin** DATE **4/29/03**

| | |
|--|--|
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM: Palin, Henry W. 5260 West Irls Bronson Hwy. Suite 115 Kissimmee, FL 34746 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:  **Henry W Palin** DATE **4/29/03** 407 390 0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (1/2/02)