2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 12, 2004 8:00 am Secretary of State

Signature Sign	10832 N.W. ALACHUA, Fi 2. Principal I		608		05-12-2004 90	0006 037 ****50.	00
Surie, Apt. #, etc. Crezeo83 (10/03) City & State City & State City & State Country S. Certificate of Status Desired Status Desired Store Required 6. Name and Address of Current Registered Agent Name FINCH, JENNIFER C 10832 NW 65TH WAY ALACHUA, FL 32615 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 4. FEI Number 65-0952499 S. Certificate of Status Desired Fee Required Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4. Fee Number Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALACHUA, FL 32615 City CAMESVILLE FL Zip Code City Camesville City Camesville Make check payable to Florida Department of State Fee Required The Address (P.O. Box Number is Not Acceptable) Make check payable to Florida Department of State Florida Dep	426	10832 N.W. 65TH WAY % JENNIFER C. FINCH ALACHUA, FL 32615 426 NW 25TH ST.		7			
City & State City & State City & State 4. FEI Number 65-0952499 5. Certificate of Status Desired: \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent FINCH, JENNIFER C 10832 NW 65TH WAY ALACHUA, FL 32615 8. The above named entity submits this statement for the burpose of changing its registered differ or unfristered agent, or both, in the State of Florida. Lam familitar with, and a the obligations of registered agent. SIGNATURE FIL 22 Code to City GMNESVILLE FL 22 Code to City GMNESVILLE FIling Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS CHANGES ITTLE NAME INTERVAL FINANCIAL SERVICES, L.C. SIREET ADDRESS 10. ADDITIONS CHANGES ITTLE NAME SIREET ADDRESS 10. Change Change	Contain Ame	6 NW 25Th St.	, <u>-</u> , , , , , , , , , , , , , , , , ,				
Signature Signature Specificate of Status Desired							
S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINCH, JENNIFER C 10832 NW 65TH WAY ALACHUA, FL 32615 8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Florida. Lam familiar with, and a child patients of registered agent. SIGNATURE Filting Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS (CHANGES) ITILE MGR INTERVAL FINANCIAL SERVICES, L.C. SIREET ADDRESS 10. ADDITIONS (CHANGES) ITILE NAME SIREET ADDRESS 11. SIREET ADDRESS 12. Change	GANESVILE, PL				#• LEI MOUIDEI	No	t Applicable
FINCH, JENNIFER C 10832 NW 65TH WAY ALACHUA, FL 32615 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a check payable to Florida Department of State Filting Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS ITILE MMCR INTERVAL FINANCIAL SERVICES, L.C. 12403 NACOGDOCHES, #110 SIRET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78217 ITILE MMME STREET ADDRESS		07 USA		Country		Fee Required	
Street Address (P.O. Box Number is Not Acceptable) City GANUESVILLE FL 25060							
ALACHUA, FL 32615 ### Pack Note: Fl 32615 ### Pack Note: Registered agent, or both, in the State of Florida. Lam familiar with, and a the obligations of registered agent. ### Signature, typed or printed name of registered agent and title if applicable. ### Pack Note: Registered Agent signature required when reinstaling. ### Pack Note: Registered Agent signature required when reinstaling. ### Pack Note: Registered Agent signature required when reinstaling. ### Date: ### Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature required when reinstaling. ### Date: Pack Note: Registered Agent signature requir				Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a 2/23/04 SIGNATURE Signature, typed or printed name of registered agent and little if applicable) NOTE: Registered Agent signature required when reinstating) DATE				421-	11.1 25th ST		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and little if applicable NOTE: Registered Agent signature required when reinstating) DATE				City CAL		FL 建筑	· ለ ጉ
Fiting Fee is \$50.00 Due by May 1, 2004 Provided name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) DATE			r the purpose of charliging its/r			ida. I am familiar with,	and accept
9. MANAGING MEMBERS/MANAGERS IIILE MGR Delete NAME INTERVAL FINANCIAL SERVICES, L.C. SIREET ADDRESS 12403 NACOGDOCHES, #110 STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78217 IIILE NAME STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered agent (and title if applicable NOTE:	Registered Agent signature requir	ad when reinstating)	23/04 DATE	
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TITLE NAME 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 supplied with the information stated in Section 119.07(3)(i), Florida Statutes.	STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	S	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition Addition