


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006796 1. Entity Name CARLOS POINT VACATION RENTALS, L.C.	
--	---

Principal Place of Business C/O RICHARD T. COTTER 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931	Mailing Address C/O RICHARD T. COTTER 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931
--	--

DO NOT WRITE IN THIS SPACE



01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2507439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COTTER, RICHARD T 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERREIRA, STACEY 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORAZZA, GRETA 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINFRIED, DANA 6100 ESTERO BLVD. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000062231
02/23/04-80111-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>Stacey Ferreira</u> <u>2/20/04</u> <u>615-773-7868</u>	DATE	DAYTIME PHONE #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		