


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90062 013 \*\*\*\*\*50.00

<b>DOCUMENT # L99000008012</b>	
1. Entity Name RVM VACATIONS, L.L.C.	

Principal Place of Business 550 FAIRWAY DR #107 DEERFIELD BEACH, FL 33441	Mailing Address 550 FAIRWAY DR #107 DEERFIELD BEACH, FL 33441
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2. Principal Place of Business 6400 N. ANDREWS AVE.	3. Mailing Address 6400 N. ANDREWS AVE.
Suite, Apt. #, etc. SUITE 280	Suite, Apt. #, etc. SUITE 280
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33309	Country USA



04212004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent GELET, PAMELA 550 FAIRWAY DR #107 DEERFIELD BEACH, FL 33441	
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4. FEI Number 65-0962671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 6400 N. ANDREWS AVE.	
SUITE 280	
City FT. LAUDERDALE	Zip Code FL 33309

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEEHAN, KEVIN 550 FAIRWAY DR #107 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6400 N. ANDREWS AVE.- SUITE 280 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELET, PAMELA 550 FAIRWAY DR #107 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6400 N. ANDREWS AVE.- SUITE 280 FT. LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PAMELA GELET [Signature] 4/23/04 954-776-4606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
EXT. 105