

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M00000001638

1. Entity Name  
MARRIOTT OWNERSHIP RESORTS PROCUREMENT,  
LLC



Principal Place of Business  
10400 FERNWOOD RD., DEPT. 924.13  
BETHESDA, MD 20817

Mailing Address  
10400 FERNWOOD RD., DEPT. 924.13  
BETHESDA, MD 20817

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**



01262005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2262337

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARRIOTT OWNERSHIP RESORTS, INC.  
6649 WESTWOOD BLVD., SUITE 500  
ORLANDO, FL 32821

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BENZ, NANCY L  
10400 FERNWOOD ROAD  
BETHESDA, MD 20817

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000239715  
02/22/05-80058-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Nancy L Benz* NANCY L. BENZ 2/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #