

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 28 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M02000000067

1. Entity Name
CTM PARTNERS, LLC



Principal Place of Business
450 S. ORANGE AVE.
ORLANDO, FL 32801

Mailing Address
450 S. ORANGE AVE.
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address
P.O. Box 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32802

Country



☐ CHECK HERE IF MAKING CHANGES

MJH

4. FEI Number

26-0040797

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCARCELLI, LINDA A
450 S. ORANGE AVE.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW WITH FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
CNL TRAVEL SERVICES, INC.
450 S. ORANGE AVE.
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ 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:

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

4-10-03

407-650-1000

Date

Daytime Phone #

CR2E083 (10/02)