2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008202

DOCUMENT # M02000002085

1. Entity Name
SUNTERRA CYPRESS POINTE II DEVELOPMENT, LLC

FILED
03 MAY -5 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1781 PARK CENTER DRIVE ORLANDO FL 32835	1781 PARK CENTER DRIVE ORLANDO FL 32835

2. Principal Place of Business	3. Mailing Address
3865 W CHEYENNE AVE	3865 W CHEYENNE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH LAS VEGAS, NV	City & State: NORTH LAS VEGAS, NV
Zip: 89032 Country	Zip: 89032 Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 33-1014960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

05/05/03--01096--016 **2817.04

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNTERRA DEVELOPER AND SALES HOLDING CO. 1781 PARK CENTER DRIVE ORLANDO FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[X] Change ☐ Addition 3865 W. CHEYENNE AVE NORTH LAS VEGAS, NV 89032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500018018985 05/05/03--01096--016 **2817.04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED 03/26/03 (702)804-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #