

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008132

DOCUMENT # M02000002090

1. Entity Name

SUNTERRA CYPRESS POINTE I DEVELOPMENT, LLC



FILED

03 MAY -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1781 PARK CENTER DRIVE
ORLANDO FL 32835

Mailing Address

1781 PARK CENTER DRIVE
ORLANDO FL 32835

2. Principal Place of Business

3865 W CHEYENNE AVE
Suite, Apt. #, etc.

3. Mailing Address

3865 W CHEYENNE AVE
Suite, Apt. #, etc.

City & State
NORTH LAS VEGAS, NV

Zip
89032

City & State
NORTH LAS VEGAS, NV

Zip
89032

4. FEI Number 33-1014959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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!!! 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SUNTERRA DEVELOPER AND SALES HOLDING COMPA
1781 PARK CENTER DRIVE
ORLANDO FL 32835

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3865 W CHEYENNE AVE
NORTH LAS VEGAS, NV 89032

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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

Date

Daytime Phone #

[Signature]

3/25/03 (702) 804-8600

CR2E083 (10/02)