

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000429

FILED
Apr 02, 2004
Secretary of State

Entity Name: RESORT CONDOMINIUMS INTERNATIONAL, LLC

Current Principal Place of Business:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Principal Place of Business:

7 SYLVAN WAY
PARSIPPANY, NJ 07054 US

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 07054 US

FEI Number: 22-3530212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MAY, KENNETH
Address: 6 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: V () Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR
City-St-Zip: PARSEPPANY, NJ 07054

Title: S () Delete
Name: BOCK, ERIC J
Address: 9 WEST 57TH AVE
City-St-Zip: NEW YORK, NY 10019

Title: T () Delete
Name: DUNCAN, COCROFT
Address: 1 CAMPUS DR
City-St-Zip: PARSEPPANY, NJ 07054

Title: MGR () Delete
Name: BUCKMAN, JAMES R
Address: 1 CAMPUS DR
City-St-Zip: PARSEPPANY, NJ 07054

Title: MGR () Delete
Name: HOLMES, STEPHEN P
Address: 1 CAMPUS DR
City-St-Zip: PARSEPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAY, KENNETH
Address: 6 SYLVAN WAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: MGR (X) Change () Addition
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR
City-St-Zip: PARSEPPANY, NJ 07054

Title: MGR (X) Change () Addition
Name: BOCK, ERIC J
Address: 9 WEST 57TH AVE
City-St-Zip: NEW YORK, NY 10019

Title: MGR (X) Change () Addition
Name: DUNCAN, COCROFT
Address: 1 CAMPUS DR
City-St-Zip: PARSEPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES E. BUCKMAN

MGR

04/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date