

2001 UNIFORM BUSINESS REPORT (UBR)

0023214 AF

DOCUMENT # M98000001218

1. Entity Name
KISSIMMEE TIME SHARES, L.L.C.

FILED 4/2/0
01 JAN 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**5770 WEST IRLO BRONSON HIGHWAY, SUITE 129
KISSIMMEE FL 34746**

Mailing Address
**5770 WEST IRLO BRONSON HIGHWAY, SUITE 129
KISSIMMEE FL 34746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3538618**

Applied For
 Not Applicable

Zip Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR HUNDLEY, CHARLES D**
STREET ADDRESS **5770 WEST IRLO BRONSON HIGHWAY, SUITE 129**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100003662381
-02/09/01--01022--010
*******50.00 *****50.00**

TITLE Delete
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Charles D. Hundley **1/31/01** **407 347-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)