

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000588

1. Entity Name

CAPTIVA ISLAND VACATION PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

Principal Place of Business

3111 FERN VALLEY ROAD
LOUISVILLE KY 40213

Mailing Address

3111 FERN VALLEY ROAD
LOUISVILLE KY 40213-3535



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3111 Fern Valley Road

3. Mailing Address

3111 Fern Valley Road

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

Suite 212

City & State

Louisville, KY 40213

City & State

Louisville, KY

Zip

Country

USA

Zip

40213

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESSEN, BRUCE M ESQ.
2532 EAST FIRST STREET
FORT MYERS FL 33901

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME PRELL, FRANK
STREET ADDRESS 3111 FERN VALLEY ROAD
CITY-ST-ZIP LOUISVILLE KY 40213

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME PRELL, FRANK
STREET ADDRESS 3111 FERN VALLEY ROAD STE 212
CITY-ST-ZIP LOUISVILLE KY 40213

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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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)(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 OR MANAGER

January 24, 2000 (941) 472-2

Daytime Phone #