2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2015
Secretary of State
CC0498777395

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Entity Name: HOME BASED TRAVEL EXPERTS, LLC

Current Principal Place of Business:

2307 WEST BROWARD BOULEVARD
SUITE 400
FORT LAUDERDALE, FL 33312

Current Mailing Address:

2307 WEST BROWARD BOULEVARD
SUITE 400
FORT LAUDERDALE, FL 33312 US

FEI Number: 45-3806276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUDNER, EDWARD B
2307 WEST BROWARD BOULEVARD
SUITE 400
FORT LAUDERDALE, FL 33312 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	ONLINE VACATION CENTER HOLDINGS CORP.
Address	2307 WEST BROWARD BOULEVARD SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	ASAT
Name	RUDNER, MARC
Address	2307 WEST BROWARD BOULEVARD SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	C
Name	RUDNER, EDWARD B
Address	2307 WEST BROWARD BOULEVARD SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	ST
Name	RUDNER, STEPHEN
Address	2307 WEST BROWARD BOULEVARD SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	ASAT
Name	O'ROURKE, TRACEY
Address	2307 WEST BROWARD BOULEVARD SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	PRESIDENT
Name	BELL, PATRICE
Address	2307 WEST BROWARD BOULEVARD SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARI HARPER ACCOUNTING MANAGER 01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date