

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038568

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PRISTINE PROPERTIES VACATION RENTALS LLC

**Current Principal Place of Business:**

402 REID AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

317 MONUMENT AVNUE  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

402 REID AVENUE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

317 MONUMENT AVENUE  
PORT ST. JOE, FL 32456

FEI Number: 55-0849011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RISH, GIBSON & SCHOLZ, P.A.  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COX, JAMES A  
Address: 402 REID AVENUE  
City-St-Zip: PORT ST.. JOE, FL 32456

Title: MGR ( ) Delete  
Name: COX, CATHERINE S  
Address: 2387 CONSTITUTION DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR ( ) Delete  
Name: GERLACH, JUSTIN D  
Address: 110 HERITAGE LANE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR ( ) Delete  
Name: GERLACH, ALYSON M  
Address: 110 HERITAGE LANE  
City-St-Zip: PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES:**

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

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

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 exemption stated in Chapter 119, 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 A. COX

MGRM

04/30/2007

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