

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058105

FILED  
Feb 25, 2007  
Secretary of State

Entity Name: BBC FLORIDA FAMILY VACATIONS, LLC

**Current Principal Place of Business:**

1414 DEVONSHIRE COURT  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1414 DEVONSHIRE COURT  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-2996372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EVES, GARY P  
1414 DEVONSHIRE COURT  
ALTAMONTE SPRINGS, FL 32714      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: MGR      ( ) Delete  
Name: EVES, GARY  
Address: 1414 DEVONSHIRE CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR      ( ) Delete  
Name: EVES, LAURIE  
Address: 1414 DEVONSHIRE CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR      ( ) Delete  
Name: EVES, DALE  
Address: 313 MEADOW BEAUTY TERR  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: EVES, JOANNE  
Address: 313 MEADOW BEAUTY TERR  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: GAMBINO, LARRY  
Address: 1206 PLD ALBANY POSY ROAD  
City-St-Zip: GARRISON, NY 10524

Title: MGR      ( ) Delete  
Name: GAMBINO, ELLEN  
Address: 1206 OLD ALBANY POST ROAD  
City-St-Zip: GARRISON, NY 10524

**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:

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 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: GARY P EVES

MGR

02/25/2007

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