

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058105

FILED
Feb 10, 2008
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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: GARY P EVES

MGR

02/10/2008

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