

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058105

FILED
Mar 19, 2009
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:

6472 EVERINGHAM LN
SANFORD, FL 32771

Current Mailing Address:

1414 DEVONSHIRE COURT
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

6472 EVERINGHAM LN
SANFORD, FL 32771

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:

EVES, GARY P
6472 EVERINGHAM LN
SANFORD, FL 32771 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:

03/19/2009

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: MGR (X) Change () Addition
Name: EVES, GARY
Address: 6472 EVERINGHAM LN
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: EVES, LAURIE
Address: 6472 EVERINGHAM LN
City-St-Zip: SANFORD, FL 32771

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: GARY EVES

MGR

03/19/2009

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