

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033875

FILED
Apr 29, 2009
Secretary of State

Entity Name: VACATIONS BY DESIGN, LLC

Current Principal Place of Business:

1161 CROTON COURT
WESTON, FL 33327

New Principal Place of Business:

12054 BLACKWELL WAY
PARKER, CO 80138

Current Mailing Address:

1161 CROTON COURT
WESTON, FL 33327

New Mailing Address:

12054 BLACKWELL WAY
PARKER, CO 80138

FEI Number: 20-4903569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, LYNETTE C
1161 CROTON COURT
WESTON, FL 33327 US

Name and Address of New Registered Agent:

NUNEZ, DEBORAH
18 HARBORAGE
FT. LAUDERDALE, FL 33316 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: DEBORAH NUNEZ

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NUNEZ, LYNETTE C
Address: 1161 CROTON COURT
City-St-Zip: WESTON, FL 33327

Title: PT () Delete
Name: NUNEZ, LYNETTE C
Address: 1161 CROTON COURT
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NUNEZ, LYNETTE C
Address: 12054 BLACKWELL WAY
City-St-Zip: PARKER, CO 80138

Title: PT (X) Change () Addition
Name: NUNEZ, LYNETTE C
Address: 12054 BLACKWELL WAY
City-St-Zip: PARKER, CO 80138

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: LYNETTE C. NUNEZ

MGRM

04/29/2009

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