

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90058 022 ****50.00

20000433



01052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000003102			
1. Entity Name SUNCOAST VACATIONS RENTALS, L.L.C.			
Principal Place of Business 3639 GULF SHORES PARKWAY, SUITE 1 GULF SHORES, AL 36542		Mailing Address 3639 GULF SHORES PARKWAY, SUITE 1 GULF SHORES, AL 36542	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. Box 346</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Gulf Shores AL</i>	
Zip		Country <i>Baldwin</i>	
Country		Zip <i>36547</i>	
4. FEI Number 20-1452796		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, G. THOMAS 510 E. ZARAGOZA STREET PENSACOLA, FL 32502		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BODENHAMER, DAVID L P.O. BOX 346 GULF SHORES, AL 36547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JULIAN, TRAVIS P.O. BOX 346 GULF SHORES, AL 36547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO/Broker</i> PATRICK L AVINGER P.O. Box 346 Gulf Shores, AL 36547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Patrick L Avinger Patrick Avinger* **1/10/07** **251-968-2826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #