

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003102

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUNCOAST VACATIONS RENTALS, L.L.C.

Current Principal Place of Business:

3639 GULFSHORES PARKWAY
SUITE 1
GULF SHORES, AL 36542

New Principal Place of Business:

Current Mailing Address:

PO BOX 346
GULF SHORES, AL 36547

New Mailing Address:

FEI Number: 20-1452796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, G. THOMAS
510 E. ZARAGOZA STREET
PENSACOLA, FL 32502 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: BODENHAMER, DAVID L
Address: P.O. BOX 346
City-St-Zip: GULF SHORES, AL 36547

Title: MGR () Delete
Name: JULIAN, TRAVIS
Address: P.O. BOX 346
City-St-Zip: GULF SHORES, AL 36547

Title: CFOB () Delete
Name: AVINGER, PATRICK L
Address: PO BOX 346
City-St-Zip: GULF SHORES, AL 36547

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:

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: PATRICK L. AVINGER

CFOB

01/16/2009

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