2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002151

1. Entity Name
ISLAND VACATIONS L.L.C.

FILED
Sep 05, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
8300 N.W. 33RD ST. SUITE 440 MIAMI, FL 33122	8300 N.W. 33RD ST. SUITE 440 MIAMI, FL 33122

09012008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2326344

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AIR JAMAICA
8300 NW 33RD ST
SUITE 440
MIAMI, FL 33122

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS
TITLE	VP
NAME	DEMERCADO, GEORGE
STREET ADDRESS	8300 NW 33RD STE STE 400
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	DIR
NAME	SHAND, ROBERT S
STREET ADDRESS	8300 NW 33RD STE STE 400
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/05/08-80004-001 543.75

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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: MERL DUNDAS September 1, 2008 (876) 922 3460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #