

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007861

FILED
Apr 18, 2005
Secretary of State

Entity Name: BARBARA'S DOWN UNDER VACATIONS, LLC

Current Principal Place of Business:

1050 HIGHGATE BLVD.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1 SOUTH CANAL DRIVE
YALAH, FL 34797

New Mailing Address:

FEI Number: 59-3718797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARUE, WILLIAM D
1 SOUTH CANAL DRIVE
YALAH, FL 34797 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/MEMBERS:

Title: MGR (X) Delete
Name: LARUE, K.G.
Address: 1050 HIGHGATE BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: P () Delete
Name: LARUE, BARBARA J
Address: 1 SOUTH CANAL DRIVE
City-St-Zip: YALAH, FL 34797

Title: VP () Delete
Name: LARUE, WILLIAM D
Address: 1 SOUTH CANAL DRIVE
City-St-Zip: YALAH, FL 34797

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LARUE, BARBARA J
Address: 1 SOUTH CANAL DRIVE
City-St-Zip: YALAH, FL 34797

Title: MGR (X) Change () Addition
Name: LARUE, WILLIAM D
Address: 1 SOUTH CANAL DRIVE
City-St-Zip: YALAH, FL 34797

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM D. LARUE

MGR

04/18/2005

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