

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000007861

1. Entity Name
BARBARA'S DOWN UNDER VACATIONS, LLC



Principal Place of Business
**1050 HIGHGATE BLVD.
WINTER GARDEN, FL 34787**

Mailing Address
**1 SOUTH CANAL DRIVE
YALAH, FL 34797**



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARUE, WILLIAM D
1 SOUTH CANAL DRIVE
YALAH, FL 34797**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LARUE, BARBARA J
STREET ADDRESS	1 SOUTH CANAL DRIVE
CITY-ST-ZIP	YALAH, FL 34797
TITLE	MGR
NAME	LARUE, WILLIAM D
STREET ADDRESS	1 SOUTH CANAL DRIVE
CITY-ST-ZIP	YALAH, FL 34797
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: William D Larue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-05-07

Date Daytime Phone #

352-324-8842