2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L02000002750

Entity Name: LUXURY VACATION RENTALS, L.L.C.

Current Principal Place of Business:

1516 CAROLINA AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 16344
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 45-0465258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HORTON, TIMOTHY
1516 CAROLINA AVENUE
LYNN HAVEN, FL 32444 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:	MGRM	( ) Delete
Name:	HORTON, CHRISTINE R	
Address:	1516 CAROLINA AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGRM	( ) Delete
Name:	HORTON, TIMOTHY G	
Address:	1516 CAROLINA AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGRM	( ) Delete
Name:	DONALDSON, SHARI	
Address:	PO BOX 191	
City-St-Zip:	COLDEN, NY 14033	
Title:	MGRM	( ) Delete
Name:	DONALDSON, BRUCE	
Address:	PO BOX 191	
City-St-Zip:	COLDEN, NY 14033	

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:	
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: CHRISTINE HORTON MGRM 07/07/2008

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