2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002750

Address:

City-St-Zip:

PO BOX 191

COLDEN, NY 14033

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

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1516 CAROLINA AVENUE LYNN HAVEN, FL 32444 **Current Mailing Address: New Mailing Address:** PO BOX 16344 PANAMA CITY, FL 32406 FEI Number: 45-0465258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HORTON, TIMOTHY 1516 CAROLINA AVENUE US LYNN HAVEN, FL 32444 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HORTON, CHRISTINE R Name: Name: Address: 1516 CAROLINA AVENUE Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HORTON, TIMOTHY G Name: Address: 1516 CAROLINA AVENUE Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DONALDSON, SHARI Name: Name: Address: PO BOX 191 Address: City-St-Zip: COLDEN, NY 14033 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DONALDSON, BRUCE Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTINE HORTON MGRM 04/15/2009