

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004342

FILED  
Sep 21, 2004  
Secretary of State

Entity Name: VACATION IN SEAGROVE, LLC

**Current Principal Place of Business:**

831 BRENTWOOD PT II  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

831 BRENTWOOD PT II  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 01-0612922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE, M. TODD  
586 GRAND BLVD. SUITE 100  
DESTIN, FL 32550 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: P ( ) Delete  
Name: HOLMES, CLIFFORD A  
Address: 831 BRENTWOOD PT II  
City-St-Zip: BRENTWOOD, TN 37027

Title: VPT ( ) Delete  
Name: GIBSON-HOLMES, SHELIA  
Address: 831 BRENTWOOD PT II  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOLMES, CLIFFORD A  
Address: 831 BRENTWOOD PT II  
City-St-Zip: BRENTWOOD, TN 37027

Title: MGRM (X) Change ( ) Addition  
Name: GIBSON-HOLMES, SHELIA  
Address: 831 BRENTWOOD PT II  
City-St-Zip: BRENTWOOD, TN 37027

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: SHELIA G HOLMES

MGRM

09/21/2004

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