

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005898

FILED
Apr 21, 2009
Secretary of State

Entity Name: PREFERRED GUEST SERVICES, L.L.C.

Current Principal Place of Business:

291 SOUTHHALL LANE
SUITE 102
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

291 SOUTHHALL LANE
SUITE 102
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 01-0621972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANN, K. MICHAEL
258 SOUTHHALL LANE
SUITE 420
MAITLAND, FL 32751 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: VACATION LINK OF FLORIDA, INC.
Address: 291 SOUTHHALL LANE, SUITE 102
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM () Delete
Name: UPS & DOWNS MARKETING, INC.
Address: 1431 OLD FORTE LANE
City-St-Zip: WOODSTOCK, GA 30819 US

Title: MGR () Delete
Name: SPEROS, CHUCK
Address: 4045 FIVE FORKS TRICKUM RD., STE B8-307
City-St-Zip: LILBURN, GA 30047 US

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:

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: VACATION LINK OF FLORIDA, INC.

MGRM

04/21/2009

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