

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024304

FILED
Jan 31, 2006
Secretary of State

Entity Name: SUMMER BAY VACATIONS, L.C.

Current Principal Place of Business:

ATTN: PAUL M. CALDWELL
25 TOWN CENTER BLVD., SUITE C
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

ATTN: PAUL M. CALDWELL
25 TOWN CENTER BLVD., SUITE C
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 81-0572245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, PAUL M
25 TOWN CENTER BLVD., SUITE C
CLERMONT, FL 34714 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: MGR () Delete
Name: SCOTT, JOE H SR
Address: 25 TOWN CENTER BLVD., SUITE C
City-St-Zip: CLERMONT, FL 34714 US

Title: MGR () Delete
Name: CALDWELL, PAUL M
Address: 25 TOWN CENTER BLVD., SUITE C
City-St-Zip: CLERMONT, FL 34714 US

Title: MGR () Delete
Name: NEW, RON
Address: 25 TOWN CENTER BLVD., SUITE C
City-St-Zip: CLERMONT, FL 34714 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 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: JOE H. SCOTT, SR.

MGR

01/31/2006

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