

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90230 017 \*\*\*\*55.00

**DOCUMENT # L03000010734**

1. Entity Name

VACATION PROPERTIES, LLC



Principal Place of Business

3673 SWAN CREEK DRIVE  
5TH FLOOR  
PORTAGE MI 49024  
US

Mailing Address

3673 SWAN CREEK DRIVE  
5TH FLOOR  
PORTAGE MI 49024  
US

2. Principal Place of Business

140 S. Maxwell Ct.

Suite, Apt. #, etc.

3. Mailing Address

140 S. Maxwell Ct.

Suite, Apt. #, etc.

City & State

Zionsville, IN

Zip

46077

Country

USA

City & State

Zionsville, IN

Zip

46077

Country

USA

4. FEI Number

55-0824031

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional

Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

MYNARD, JEFFREY D  
7205 THOMAS DRIVE  
BLDG. C  
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Christopher J. O'Leary		
STREET ADDRESS	140 S. Maxwell Ct.		
CITY-ST-ZIP	Zionsville, IN 46077		
TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Grace Jia En Chin		
STREET ADDRESS	140 S. Maxwell Ct.		
CITY-ST-ZIP	Zionsville, IN 46077		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** Christopher J. O'Leary <sup>MGR</sup> 1/27/04 269-385-0407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #