

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010734

Entity Name: VACATION PROPERTIES, LLC

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

140 S. MAXWELL CT.
ZIONSVILLE, IN 46077 US

New Principal Place of Business:

6099 CHABLIS LANE
PORTAGE, MI 49024 US

Current Mailing Address:

140 S. MAXWELL CT.
ZIONSVILLE, IN 46077 US

New Mailing Address:

6099 CHABLIS LANE
PORTAGE, MI 49024 US

FEI Number: 55-0824031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYNARD, JEFFREY D
7205 THOMAS DRIVE
BLDG. C
PANAMA CITY BEACH, FL 32408 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: O'LEARY, CHRISTOPHER J
Address: 140 S. MAXWELL CT.
City-St-Zip: ZIONSVILLE, IN 46077

Title: MGR () Delete
Name: EN CHIN, GRACE JIA
Address: 140 S. MAXWELL CT.
City-St-Zip: ZIONSVILLE, IN 46077

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'LEARY, CHRISTOPHER J
Address: 6099 CHABLIS LANE
City-St-Zip: PORTAGE, MI 49024

Title: MGR (X) Change () Addition
Name: CHIN, GRACE J
Address: 6099 CHABLIS LANE
City-St-Zip: PORTAGE, MI 49024

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: CHRISTOPHER J. O'LEARY

MGR

03/29/2006

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