

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90131 011 \*\*\*\*50.00

**DOCUMENT # L03000022019**

1. Entity Name  
**VACATION RENTALS LLC**



Principal Place of Business  
**3460 BALLYBRIDGE CR  
UNIT 102  
BONITA SPRINGS, FL 34134 US**

Mailing Address  
**3460 BALLYBRIDGE CR  
UNIT 102  
BONITA SPRINGS, FL 34134 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**IRVINE, EUGENE F SR  
3460 BALLYBRIDGE CR  
UNIT 102  
BONITA SPRINGS, FL 34134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME IRVINE, MAYRITA V ☐ Delete  
STREET ADDRESS 3460 BALLYBRIDGE CR UNIT 102  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE MGRM  
NAME IRVINE, EUGENE F SR ☐ Delete  
STREET ADDRESS 3460 BALLYBRIDGE CR UNIT 102  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:** *May Rita V Irvine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #