2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000022019

1. Entity Name
VACATION RENTALS LLC



Principal Place of Business

Mailing Address

3460 BALLYBRIDGE CR

3460 BALLYBRIDGE CR

UNIT 102

BONITA SPRINGS, FL 34134 US

UNIT 102 Bonita Springs, FL 34134

US

FIL.ED

09 APR - 7 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

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

DO NOT WRITE IN THIS SPACE

		· ha	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of	I Florida. I am familiar with, and accept
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 \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	IRVINE, MAYRITA V		
PERCENT LABORER	24C0 DALL VIDOIDOE OF LINES 460		<u>.</u>

MANAGING MEMBERS/MANAGERS

TITLE MGRM
IRVINE, MAYRITA V
3460 BALLYBRIDGE CR UNIT 102
BONITA SPRINGS, FL 34134

TITLE MGRM
IRVINE, EUGENE F SR
STREET ADDRESS
3460 BALLYBRIDGE CR UNIT 102
BONITA SPRINGS, FL 34134

600148452876 04/02/09--01038--004 **138.75

DO NOT WRITE IN THIS SPACE

IB

71715 123.75 mem works Caff - St - ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 it made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTA

2/30/08

Daytime